

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Filing at a Glance

Company: Metropolitan Life Insurance Company  
Product Name: Group Long-Term Care Insurance – Premium Rate Schedule Increase Filing  
State: Virginia  
TOI: LTC03G Group Long Term Care  
Sub-TOI: LTC03G.001 Qualified  
Filing Type: Rate  
Date Submitted: 08/25/2021  
SERFF Tr Num: META-132957076  
SERFF Status: Closed-Approved  
State Tr Num: META-132957076  
State Status: Approved  
Co Tr Num: CT21-83 GROUP (PRE-RATE) CS  
  
Effective: On Approval  
Date Requested:  
Author(s): Cherise Livingston, Cory Searles, Patricia Brabant, Keith Bal  
Reviewer(s): Bill Dismore (primary)  
Disposition Date: 05/06/2022  
Disposition Status: Approved  
Effective Date:

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## General Information

Project Name: 2021 Rate Increase Filings  
Project Number: CT21-83 Group Rate Filings  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer  
Filing Status Changed: 05/06/2022  
State Status Changed: 05/06/2022  
Created By: Cory Searles  
Corresponding Filing Tracking Number:  
State TOI: LTC03G Group Long Term Care

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Large  
Overall Rate Impact:  
  
Deemer Date: 06/04/2022  
Submitted By: Cherise Livingston  
  
State Sub-TOI: LTC03G.001 Qualified

Filing Description:

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
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Virginia Bureau of Insurance  
State Corporation Commission  
P.O. Box 1157  
Richmond, VA

Re:Group Long-Term Care Insurance – Premium Rate Schedule Increase Filing  
Our NAIC Company No. is 65978  
Our FEIN is 13-5581829

Dear Sir/Madam:

We are filing, for your review and authorization, a request for a 11.43% premium rate schedule increase with respect to certain group long-term care insurance policies issued for delivery (sitused) in your state before July 1, 2010.

Please note that the requested increase will not apply to any group long-term care insurance policy issued with rates that were based on the prospective premium rate schedule increase that was authorized by your Department on December 4, 2009 (those group long-term care insurance policies were issued on or after July 1, 2010).

Please note that previously, a premium rate increase of 39% was previously approved by your Department on 11/21/2019 for insureds in groups sitused in Virginia.

We will only implement the premium rate schedule increase after we have received authorization from your Department and will apply the increase to all certificates issued under group long-term care insurance policies sitused in your state except those certificates issued to residents of other states whose requirements are asserted to apply to rate increases for certificates issued in such other states regardless of group policy situs. As to certificates issued in any such other state, we will implement the increase authorized by that state, regardless of whether or not you authorized this request.

Please note that for certificateholders who were issued certificates in your state under a group long-term care insurance policy sitused in another state, we will implement their increases after we've satisfied any requirements for the premium rate schedule increase of the situs state of their group policy (including obtaining authorization, if required) without regard to your review of this filing.

The premium rate schedule increase for which we are seeking authorization will apply to the following group long-term care insurance policy forms:

- GPNP99-LTC approved by your Department on August 4, 1998 and certificates issued thereunder; and
- G.LTC2798 approved by your Department on August 4, 1998 and certificates issued thereunder.

Please note that these forms are currently not being marketed.

We are submitting an actuarial memorandum and rates in support of our request.

Company Rate Information Provided on SERFF

Please note the following with respect to the information entered under Company Rate Information in the SERFF system:

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
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“Written Premium Change for this Program” and “Written Premium for this Program” only reflects premium information for certificates issued to residents of your state under group policies issued from within and from outside of your state.

The “# of Policyholders Affected for this Program” only reflects the number of certificates issued to residents of your state under group policies issued in and outside of your state.

#### Notification to Certificateholders of Premium Rate Schedule Increase

We intend to provide certificateholders with a minimum of 75 days advance written notice prior to the first effective date of the premium rate schedule increase. In our written notification we will explain that:

- The amount of the increase requested in this filing and the amount of the increase authorized by your Department;
- If the full amount of the requested increase is authorized by your Department, a statement that the certificate may be subject to rate increases in the future. If the amount of the increase authorized by your Department is less than the amount requested in this filing, the notice will include the same statement and may include an additional statement about the likelihood of MetLife making future rate increase requests on the certificate. The wording of this additional statement will depend on the degree of variance from the amount requested;
- The current premium rate and the premium rate after the increase is applied;
- A statement that the premium rate adjustment will be effective on the certificate's premium due date.
- The following options available to the certificateholder:
  - 1.the certificateholder can continue his/her current coverage by paying the new premium amount when due;
  - 2.the certificateholder can reduce his/her coverage to lessen the impact of the premium rate schedule increase if the current level of coverage permits a reduction;
  - 3.if the certificateholder's coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium (“Election Period”), that the certificateholder will have nonforfeiture coverage as follows:
    - a.if the certificateholder's coverage does not include a nonforfeiture feature we will issue the certificateholder the Limited Coverage Upon Lapse Following Premium Increase Endorsement (“LCUL”) described below;
    - b.if the certificateholder's coverage includes a nonforfeiture feature, but that feature will provide no benefit or a lower benefit than LCUL (as determined by us), we will issue the certificateholder LCUL and pay benefits under LCUL rather than the nonforfeiture feature included in the certificateholder's coverage;
    - c.if the certificateholder's coverage includes a nonforfeiture feature that will pay benefits equal to or greater than LCUL (as determined by us), we will provide nonforfeiture coverage under the feature already included in the certificateholder's coverage;
    - d.if the certificateholder's coverage includes a nonforfeiture feature that will pay benefits that are different than the benefits provided under LCUL such that we determine that it would be appropriate to provide the certificateholder with a choice of

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retaining their existing nonforfeiture feature or electing LCUL, we will present LCUL as an option that the certificateholder can elect instead of the nonforfeiture feature included in the certificate. In this scenario, LCUL will only be issued and applied if specifically elected by the certificateholder instead of the nonforfeiture feature included in his/her certificate;

e.if the certificateholder qualifies for coverage under Contingent Benefit Upon Lapse as a result of the premium rate schedule increase, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse.

We will not provide coverage under more than one feature that provides for a nonforfeiture benefit.

We have also included with this filing a copy of our certificateholder notification letter and coverage change form.

#### Limited Coverage Upon Lapse Following Premium Increase Endorsement

In connection with our request for authorized of a premium rate schedule increase, we are extending the use of the following forms, which were previously authorized by your Department on 1/21/2019. Please refer to the section above titled Notification to Certificateholders of Premium Rate Schedule Increase for additional information on how we intend to use these forms.

The contact person for this filing is:

Gina Jisonna  
1300 Hall Boulevard  
Bloomfield, CT 06002  
Telephone: 860-656-3809  
gjisonna@metlife.com

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,

Thomas G. Reilly  
Assistant Vice President  
Product Management & Compliance

## Company and Contact

### Filing Contact Information

Gina Jisonna, Sr. Product Consultant	gjisonna@metlife.com
1300 Hall Blvd	860-656-3809 [Phone]
Bloomfield, CT 06002	860-656-3815 [FAX]

**State Tracking #:** META-132957076

**Company Tracking #:** CT21-83 GROUP (PRE-RATE)  
CS

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
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## Filing Company Information

Metropolitan Life Insurance  
Company  
MetLife  
200 Park Avenue  
New York, NY 10166  
(212) 578-2211 ext. [Phone

CoCode: 65978  
Group Code: 241  
Group Name:  
FEIN Number: 13-5581829

State of Domicile: New York  
Company Type: Life  
State ID Number:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
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## Filing Fees

## State Fees

Fee Required?	No
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Retaliatory? No

Fee Explanation:

SERFF Tracking #:

META-132957076

State Tracking #:

META-132957076

Company Tracking #:

CT21-83 GROUP (PRE-RATE) CS

State:

Virginia

Filing Company:

Metropolitan Life Insurance Company

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long-Term Care Insurance Premium Rate Schedule Increase Filing

Project Name/Number:

2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	05/06/2022	05/06/2022

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	05/04/2022	05/04/2022
Info has been requested from company	Bill Dismore	04/01/2022	04/01/2022
Info has been requested from company	Bill Dismore	03/28/2022	03/28/2022
Info has been requested from company	Bill Dismore	02/25/2022	02/25/2022
Info has been requested from company	Bill Dismore	01/28/2022	01/28/2022
Info has been requested from company	Bill Dismore	12/27/2021	12/27/2021
Info has been requested from Actuary	Bill Dismore	11/30/2021	11/30/2021
Info has been requested from company	Bill Dismore	11/29/2021	11/29/2021
Info has been requested from company	Bill Dismore	11/15/2021	11/15/2021
Info has been requested from company	Bill Dismore	09/30/2021	09/30/2021

### Response Letters

Responded By	Created On	Date Submitted
Cory Searles	05/05/2022	05/05/2022
Cory Searles	05/02/2022	05/02/2022
Cory Searles	04/11/2022	04/11/2022
Cory Searles	03/25/2022	03/25/2022
Cory Searles	02/24/2022	02/24/2022
Cory Searles	01/27/2022	01/27/2022
Cory Searles	12/22/2021	12/22/2021
Cory Searles	12/22/2021	12/22/2021
Cory Searles	11/29/2021	11/29/2021
Cory Searles	11/02/2021	11/02/2021



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## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	08/27/2021	08/27/2021

### Response Letters

Responded By	Created On	Date Submitted
Cory Searles	09/14/2021	09/14/2021

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Long Term Care Insurance Rate Request Summary	Keith Bal	05/02/2022	05/02/2022
Supporting Document	Group Coverage Change Form Generic-REDLINED (revised)	Cory Searles	03/25/2022	03/25/2022
Supporting Document	VA Group Insured Letter-REDLINED (revised)	Cory Searles	03/25/2022	03/25/2022

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Summary & Opinion	Reviewer Note	Bill Dismore	11/15/2021	
RRS	Reviewer Note	Bill Dismore	09/14/2021	

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
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## Disposition

Disposition Date: 05/06/2022

Effective Date:

Status: Approved

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience reports for the next 3 years comparing the actual results to the results that the company projected in justifying the rate increase.

We would expect the first of the three experience report filings to be made no later than 15-18 months after implementation, capturing a full 12 months of experience following the rate implementation, and including updated data through the most recent year end.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Metropolitan Life Insurance Company	11.430%	11.430%	\$57,179	309	\$500,258	11.430%	11.430%

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	VA Group Insured Letter REV	Approved	Yes
Form (revised)	Group Coverage Change Form Generic	Approved	Yes
Form	VA Group Insured Letter REV	Withdrawn	No
Form	VA Group Insured Letter REV	Withdrawn	No
Form	VA Group Insured Letter	Withdrawn	No
Form	Group Coverage Change Form Generic	Withdrawn	No
Form	Group Coverage Change Form Generic	Withdrawn	No
Rate	VA_Group_Pre Rs Rates_with_11.43%Increase	Approved	Yes
Supporting Document	Certification of Compliance/Readability	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document (revised)	Group Coverage Change Form Generic-REDLINED (revised)	Received & Acknowledged	Yes
Supporting Document (revised)	VA Group Insured Letter-REDLINED (revised)	Received & Acknowledged	Yes

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Explanation of Variables and REDLINED Copies	Received & Acknowledged	Yes
Supporting Document	Filing Letter	Received & Acknowledged	Yes
Supporting Document	IB_VA_Group_Exhibits for Objection Response	Received & Acknowledged	Yes
Supporting Document	VA Approved group policy/certificate	Received & Acknowledged	Yes
Supporting Document	Objection Response 2021-09-14	Received & Acknowledged	Yes
Supporting Document	Group VA Projection with 25% Higher Lapse	Received & Acknowledged	Yes
Supporting Document	If-Knew Blended and PPV Calculations	Received & Acknowledged	Yes
Supporting Document	Attachment 7 Group 11-2021	Received & Acknowledged	Yes
Supporting Document	Objection Response 2021-11-02	Received & Acknowledged	Yes
Supporting Document	Objection Response 2021-11-29	Received & Acknowledged	Yes
Supporting Document	Company Objection Response 2021-12-22	Received & Acknowledged	Yes
Supporting Document	Actuarial Objection Response 2021-12-22	Received & Acknowledged	Yes
Supporting Document	Objection Response 2022-01-26	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Change Form and Insured Letter-John Doe	Received & Acknowledged	Yes
Supporting Document	Objection Response 2022-02-24	Received & Acknowledged	Yes
Supporting Document	Objection Response 2022-03-25	Received & Acknowledged	Yes
Supporting Document	Objection Response 2022-05-02	Received & Acknowledged	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Group Coverage Change Form Generic-REDLINED (revised)	Withdrawn	No
Supporting Document	Group Coverage Change Form Generic-REDLINED	Withdrawn	No
Supporting Document	Group Coverage Change Form Generic	Withdrawn	No
Supporting Document	VA Group Insured Letter-REDLINED (revised)	Withdrawn	No
Supporting Document	VA Group Insured Letter-REDLINED (revised)	Withdrawn	No
Supporting Document	VA Group Insured Letter-REDLINED	Withdrawn	No
Supporting Document	VA Group Insured Letter	Withdrawn	No
Supporting Document	Explanation of Variables and REDLINED Copies	Withdrawn	No
Supporting Document	Explanation of Variables and REDLINED Copies	Withdrawn	No

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanation of Variables	Withdrawn	No
Supporting Document	Coverage Change Form and Insured Letter-John Doe	Withdrawn	No
Supporting Document	Coverage Change Form and Insured Letter-John Doe	Withdrawn	No
Supporting Document	Coverage Change Form and Insured Letter-John Doe	Withdrawn	No

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/04/2022
Submitted Date	05/04/2022
Respond By Date	05/18/2022

Dear Gina Jisonna,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The Rate Increase Narrative should summarize the key information used to develop the rates including the main drivers for the revised rates. Our concern would be addressed if the company mirrored their statement in the policyholder notification letter and added a second sentence about the company's plan for future rate increases.

The letter states, "The decision to implement a premium increase was based on recent in-depth analysis of our Long-Term Care Insurance business. The predictions we use to calculate premiums, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase. Actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected."

### Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
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**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/01/2022
Submitted Date	04/01/2022
Respond By Date	05/01/2022

Dear Gina Jisonna,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- VA Group Insured Letter REV, PHLTR-VA (Form)
- VA Approved group policy/certificate (Supporting Document)

Comments: Please clarify if the language in the group certificate or master group policy contains a "Waiver of Contribution" clause or a "Waiver of Premium" clause. Provide the wording for the clause.

We are not clear if, under the Group Master Policy, the policyholder is making a contribution to the premium along with the certificateholder.

### Objection 2

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: In the Rate Increase Narrative, the second to the last sentence in the paragraph states, " ...., many insurance companies requested increases to their LTC insurance premiums."

Please be advised that the rate increase narrative must be pertain only to this rate increase filing and not to what "many insurance companies" are doing. The narrative should reflect similar verbiage to that used in the certificateholder notification letter in the last paragraph on page 1.

### Objection 3

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: Insured Letter - John Doe

1) The rates effective date of April 1, 2022 is less than 75 days from the mail date of January 31, 2022. In order to allow for mail time (5 business days) and to comply with the 75 day notice to the certificate holder, the rates effective date should be at least 80 days after the mail date. Please revise the John Doe Insured Letter to accurately reflect compliance with the notification regulation.

2) The "John Doe" letter must not contain any bracketed language. Please review the letter and ensure that all bracketed items contain information as explained in the Explanation of Variability. The bracketed language, [Coverage Change Receipt Date], appears in the second to last paragraph on page 3 must contain a specific date and must take into consideration a reasonable amount of time for the certificateholder to respond. Please revise the John Doe letter by installing a specific date for [Coverage Change Receipt Date] that accurately reflects a realistic letter as it is intended to be used.

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**Objection 4**

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: Coverage Change Form

Please confirm that the address on the bottom of the coverage change form is the same as the address on the "Business Reply Envelope" enclosed with the letter.

**Objection 5**

- VA Group Insured Letter REV, PHLTR-VA (Form)

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: 1) Please confirm that it is the company's intention to require the certificateholder to return the Coverage Change form at least 30 days prior to the Increase Premium Amount Date.

2) Please describe what happens if the certificateholder returns the change form less than 30 days prior to the Increase Premium Amount Date.

3) Please describe what occurs if the certificateholder telephones the company to request a coverage change.

4) Please explain why the Coverage Change form uses the terminology "Increased Premium Amount Date:" while the Group Insured Letter uses "New Long Term Care Insurance coverage rates effective". Explain why the terminology is different and consider that this may be confusing to the certificateholder because the terminology is not consistent.

**Conclusion:**

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
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**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/28/2022
Submitted Date	03/28/2022
Respond By Date	04/11/2022

Dear Gina Jisonna,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: Please remove the "[ " in the second paragraph, below the Customer Service phone number. In addition, remove the " ] " below the "To request a coverage change check only ONE box below" table in the lower right hand corner of the first page.

### Objection 2

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: Page 2, first bullet below "Please note all options available to the certificateholder may not be of equal value." there is a bracketed item "[Coverage Change Receipt Date]". Please revise as John Doe letters are required to be in a completed format without variability.

### Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,  
Bill Dismore



**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/25/2022
Submitted Date	02/25/2022
Respond By Date	03/27/2022

Dear Gina Jisonna,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: The "John Doe" Coverage Change Form does not appear completed. There are bracketed items on page 2. John Doe letters are required to be in a completed format without variability.

### Objection 2

- VA Group Insured Letter REV, PHLTR-VA (Form)

- Explanation of Variables and REDLINED Copies (Supporting Document)

Comments: In your Objection #15 response, you state the EOV has been updated. However, we still find the statement, "Customer Service telephone number is bracketed in the event it changes in the future. There is no customer service telephone number mentioned in E. Paragraph.

Please explain.

### Objection 3

- VA Group Insured Letter REV, PHLTR-VA (Form)

- Explanation of Variables and REDLINED Copies (Supporting Document)

Comments: The company's response to Objection #14 is not clear. The second bullet on the EOV under "Things to consider" states that [X] years is bracketed. We are unable to find any such bracketed statement in the certificateholder notification letter. Please clarify.

### Objection 4

- Explanation of Variables and REDLINED Copies (Supporting Document)

Comments: In the company's response to Objection #13, we did not find the updated EOV that addressed the variable [EFFECTIVE DATE]. Please add this to the EOV.

### Objection 5

- Explanation of Variables and REDLINED Copies (Supporting Document)

Comments: In the company's response to Objection #12, we still find the reference to "insureds issued in CA". Please remove this from the EOV as originally requested as this would never appear on a notification letter to a Virginia certificateholder.

### Objection 6

- Group Coverage Change Form Generic, COVCHG-GP (Form)

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

*Comments: In the company's response to Objection 16, you state, "1) The insured can retain a record of their coverage change form in any manner they choose. They can make a copy, scan it or take a high-quality photograph before returning their form."*

*Please explain why this instruction is not included on the Change Form especially since the company states in their response, "3) A signed and dated Premium Increase Coverage Change form is required."*

**Objection 7**

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

*Comments: The "John Doe" certificateholder notification form contains bracketed items. See bracketed items within the blue box on page 2 and [Coverage Change Receipt Date] in two bulleted paragraphs under "Next Steps" on page 3. John Doe forms should not contain any bracketed items but should be completed as if it is a real letter to a certificateholder.*

**Conclusion:**

*We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.*

*Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.*

*Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.*

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/28/2022
Submitted Date	01/28/2022
Respond By Date	02/27/2022

Dear Gina Jisonna,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an explanation of the specific factors that the company watches that would trigger a future rate increase filing.

### Objection 2

- VA Group Insured Letter, (Form)

Comments: Premium Increase Notification Letter and Premium (Contribution) Increase Coverage Change Request Form

Pursuant to 14VAC5-101-60 1. The form number shall appear in the lower left-hand corner of the first page of each form. Please provide this form number in the proper location and also enter the Form Number under the appropriate section of the Form Schedule.

### Objection 3

- VA Group Insured Letter, (Form)

Comments: Premium Increase Notification Letter and Premium (Contribution) Increase Coverage Change Request Form

Pursuant to 14VAC5-101-60 5. Each form shall be submitted in the final form in which it is to be marketed or issued, sufficiently completed in "John Doe" fashion to indicate how it is intended to be used.

Please provide a "John Doe" version of the Premium Increase Notification Letter and Premium Increase Coverage Change Request Form.

### Objection 4

Comments: Pursuant to 14VAC5-101-70 A. - G. please provide a readability certification for each form submitted under the Form Schedule tab.

### Objection 5

- VA Group Insured Letter, (Form)

Comments: The last two sentences in paragraph 4 on page 1 does not provide a clear identification of the driving factors of the premium rate increase.

Below is an example of clear identification of driving factors that caused the premium rate increase.

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

[Example]: The reason for the rate increase is because the claims experience for all persons in your class has rapidly deteriorated over the past several years. The driving factors that led to the adverse experience include (a) higher-than-expected incidence of claims, especially at the higher ages, (b) claims lasting longer than originally anticipated, (c) higher cost of service per claim and (d) more services covered while disabled.

**Objection 6**

- VA Group Insured Letter, (Form)

Comments: Page 2, last sentence under "Your Options" should be in bold.

**Objection 7**

- VA Group Insured Letter, (Form)

Comments: Page 2, under "Things to consider"

Please explain why "we reserve the right to increase rates in the future" appears twice in consecutive sentences. This is confusing.

**Objection 8**

- VA Group Insured Letter, (Form)

Comments: Page 2, 2nd paragraph (variable) states that the company is likely to request an additional increase if the full amount is not approved.

Please state the company's intentions on a future rate increase if the full amount requested is approved.

**Objection 9**

- VA Group Insured Letter, (Form)

Comments: Please clarify if the Coverage Change Form and Business Reply Envelope are included with every Premium Increase Notification letter. If the answer is "yes", then there is no need to make these two items variable in the form.

**Objection 10**

- Group Coverage Change Form Generic, (Form)

Comments: Premium (Contribution) Increase Coverage Change Request Form

Please explain what a "Customized Decrease Option" is and provide examples of the decrease options.

**Objection 11**

- VA Group Insured Letter, (Form)

Comments: Page 1, 3rd paragraph the [DATE], ("Effective Date of Increase") is highlighted.

Please clarify if this highlighting of [DATE] is intended to be a part of the final form. If not, please remove the highlighting.

**Objection 12**

- VA Group Insured Letter, (Form)

Comments: Statement of Variability - Certificateholder Notification Letter

The second bullet point under, "What You Need to Know indicates that the first 2 sentences in the second paragraph are only for insureds issued in CA and will not appear on most letters. This letter is for Virginia certificateholders, not California.

We are confused by this variability explanation as these 2 sentences are not bracketed as variable. Also, "insureds" are not issued, but "certificates or policies" are issued. There appears to be a misuse of terminology.

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

**Objection 13**

- VA Group Insured Letter, (Form)

Comments: Statement of Variability - Certificateholder Notification Letter

4th bullet under What You Need to Know does not have an explanation for the variable [EFFECTIVE DATE].

**Objection 14**

- VA Group Insured Letter, (Form)

Comments: Statement of Variability - Certificateholder Notification Letter

1) 2nd bullet under Things to Consider does not have a bracketed sentence in the notification letter as indicated on the Statement of Variability.

2) There is no explanation regarding future company rate increases if the full requested rate increase is approved.

**Objection 15**

- VA Group Insured Letter, (Form)

Comments: Statement of Variability - Certificateholder Notification Letter

We were unable to find the bracketed Customer Service telephone number referenced in the last bullet under "Cancellation Requests".

**Objection 16**

- Group Coverage Change Form Generic, (Form)

Comments: Group Coverage Change Form

1) Please explain how the certificateholder is able to keep a record of their Change Form options if they are instructed to mail the form to the company.

2) Does the company provide an online version of the form that can be completed on the company's website?

3) Is a certificateholder able to request changes by contacting the customer service department by telephone? Please explain if a signed and dated Premium Increase Coverage Change Request Form is a requirement.

**Conclusion:**

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/27/2021
Submitted Date	12/27/2021
Respond By Date	01/26/2022

Dear Gina Jisonna,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Thank you for your response to our objection letter dated 11/30/2021 and received on 12/22/2021.

1) Please note that in your response to our question 2) you state "... a 60 day advance written notification. . . ". Please confirm that the company is aware that the Virginia regulations (14VAC5-200-75) require a minimum 75-day advance written notice.

2) The company's response does not answer the question posted in our question 3). Please explain why the company is changing their statement that it would continue to file rate increases in all states until 45% cumulative rate increases were achieved to 55% cumulative rate increases. Provide justification that will withstand actuarial peer review as Virginia relied upon the company's past statement when considering their prior rate increase request.

### Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Objection Letter

Objection Letter Status	Info has been requested from Actuary
Objection Letter Date	11/30/2021
Submitted Date	11/30/2021
Respond By Date	12/14/2021

Dear Gina Jisonna,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain the rationale behind the rate increase request for Virginia policyholders in response to the following:

1) Since the current anticipated Lifetime Loss Ratio is less than the anticipated Lifetime Loss Ratio stated in the previous rate filing (META-130649719) with the approved rate increase, the risk pool is improving rather than degrading. The anticipated lifetime loss ratio with the previously approved rate increase was 93.9%. The current anticipated Lifetime Loss Ratio is 88.9% without a rate increase. The Virginia experience, while not credible, is performing better than the nationwide experience. Explain why a rate increase has been requested when the nationwide anticipated lifetime loss ratio is better than the loss ratio anticipated in the previous filing.

2) Virginia policyholders (516) represent less than 0.5% of the nationwide block. There are 21 states that have granted rate increases ranging from 0% to 27.5% and represent 37.1% of the nationwide block. This is less than the cumulative average rate increase approved in Virginia of 39%. Since the anticipated lifetime loss ratio has improved and there are still a number of states in which rate increases are well below the 39% VA cumulative. Explain why the VA rate increase request is not premature, especially since the last rate increase was approved on 11/21/2019 and may not be fully implemented.

3) In the previous filing, the company stated that it was going to continue to file rate increases in all states until 45% cumulative rate increases were achieved. Explain why the company has adjusted this target to 55%.

### Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,

**Company Tracking #:** CT21-83 GROUP (PRE-RATE)  
CS

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance	Premium Rate Schedule Increase Filing	
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

*Bill Dismore*



**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/29/2021
Submitted Date	11/29/2021
Respond By Date	12/27/2021

Dear Gina Jisonna,

### Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

### Objection 1

- Objection Response 2021-11-29 (Supporting Document)

Comments: 1) Please place all forms that have changes, no matter how minor, under the Form Schedule for review and approval.

2) Please provide a redline version of the form(s) that show the changes made by the company.

3) Please provide a redline version of the EOV documents provided under the Supporting Documentation tab.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/15/2021
Submitted Date	11/15/2021
Respond By Date	11/29/2021

Dear Gina Jisonna,

### Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

### Objection 1

- Group Coverage Change Form Generic (Supporting Document)
- VA Group Insured Letter (Supporting Document)

Comments: In the company's 9/14/2021 objection response, it stated that the Group Coverage Change Form and VA Group Insured Letter were approved under SERFF # META-130649719. However, these two forms do not match those filed under META-130649719. Please explain or provide the correct SERFF Tracking # for the notification letter and change form approvals.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within the "respond by" date. After this date, the filing will be DISAPPROVED unless an extension, no greater than 30 days is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/30/2021
Submitted Date	09/30/2021
Respond By Date	10/30/2021

Dear Gina Jisonna,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the active life reserve balance for the policies covered by the projections as of 12/31/2020.

### Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Attachment 4 shows an A/E for lapse of 128.2% at durations 13+. Please provide a sensitivity projection assuming lapses are 25% higher than expected.

### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide projections and demonstrations of the both the Prospective PV Method and If-Knew/Makeup Blend as described in the attached memo.

### Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

### Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,

**Company Tracking #:** CT21-83 GROUP (PRE-RATE)  
CS

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance	Premium Rate Schedule Increase Filing	
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

*Bill Dismore*

# **Long-term Care Insurance**

## **Approaches to Reviewing Premium Rate Increases**

NAIC LTC Pricing Subgroup  
October 2018

### **Executive Summary**

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Several years ago, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care (LTC) Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued on or after the date that the state where the policy is issued adopts the changes.

Despite these changes, along with changes made to the pricing methodology of LTC insurance in 2002, carriers find themselves in situations where they must increase premium rates in order to cover future expected claims. Most of these increases are implemented on blocks that are no longer open to new business. Regulators often treat the review and approval of these rate increases differently.

Over the past year, the LTC Pricing Subgroup studied and discussed approaches used by various states to review LTC rate increases. These approaches were discussed on public calls consisting of regulators, industry representatives, and consumer advocates. Through that process, this document was developed to serve as a resource that states can use in their review of LTC rate increases. The goal is to create a more predictable and transparent process for reviewing LTC rate increase filings.

### **Scope**

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This document describes two methodologies for computing rate increases for LTC insurance policies. Regulators should consider applicable laws in their state when applying these methods to a particular block of policies.

### **Background**

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Prior to 2002, LTC insurance was priced using a fixed lifetime loss ratio methodology. This methodology was meant to ensure that premium rates were not too high. However, as experience evolved, the premiums set using this methodology proved to be inadequate, leading to large rate increases. In addition, this approach allowed for the portion of the premium available for expenses and profit to increase when actual claims were higher than what was expected when the product was initially priced.

In 2002, a new method of pricing LTC insurance was adopted by the NAIC. This new method, known as the rate stabilization methodology, moved away from fixed loss ratios applied to initial premiums and moved to a rating methodology designed to increase the probability

that premiums will remain unchanged for the life of the contract, even under moderately adverse experience.

Even under the revised methodology, policyholders continue to experience large rate increases. In response, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued after the date that the state where the policy is issued adopts the revised regulation. The new model does not address rate increases consumers are experiencing on existing business.

The LTC Pricing Subgroup turned its focus to the review of these rate increases with the goal of developing a framework to achieve greater transparency and predictability in the review and approval of requests for LTC insurance rate increases.

## Approaches

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As a starting point, the subgroup surveyed states on various practices surrounding their review of LTC insurance rate increases. One of the first steps in the process was to develop consistency when using certain terms, including the term “recoupment of past losses”, when used in our discussions. For purposes of this document, the subgroup developed a consistent understanding of different categories of past losses.

The following charts illustrate the streams of potential losses or deficiencies stemming from two general sources – those stemming from past and future premiums being insufficient, and those stemming from past and future incurred claims being worse than expected.

At the time of a rate increase, sources of potential past premium deficiencies come from premiums that were paid by policyholders who:

- are active
- are in paid-up status (i.e., they are not on claim, but are no longer paying premium under the terms of the policy but may have future claims)
- have lapsed coverage, (i.e., they are not paying premium, are not on claim, and cannot have future claims)
- are disabled (i.e., on claim)

At the time of a rate increase, sources of future premiums come from the following two groups:

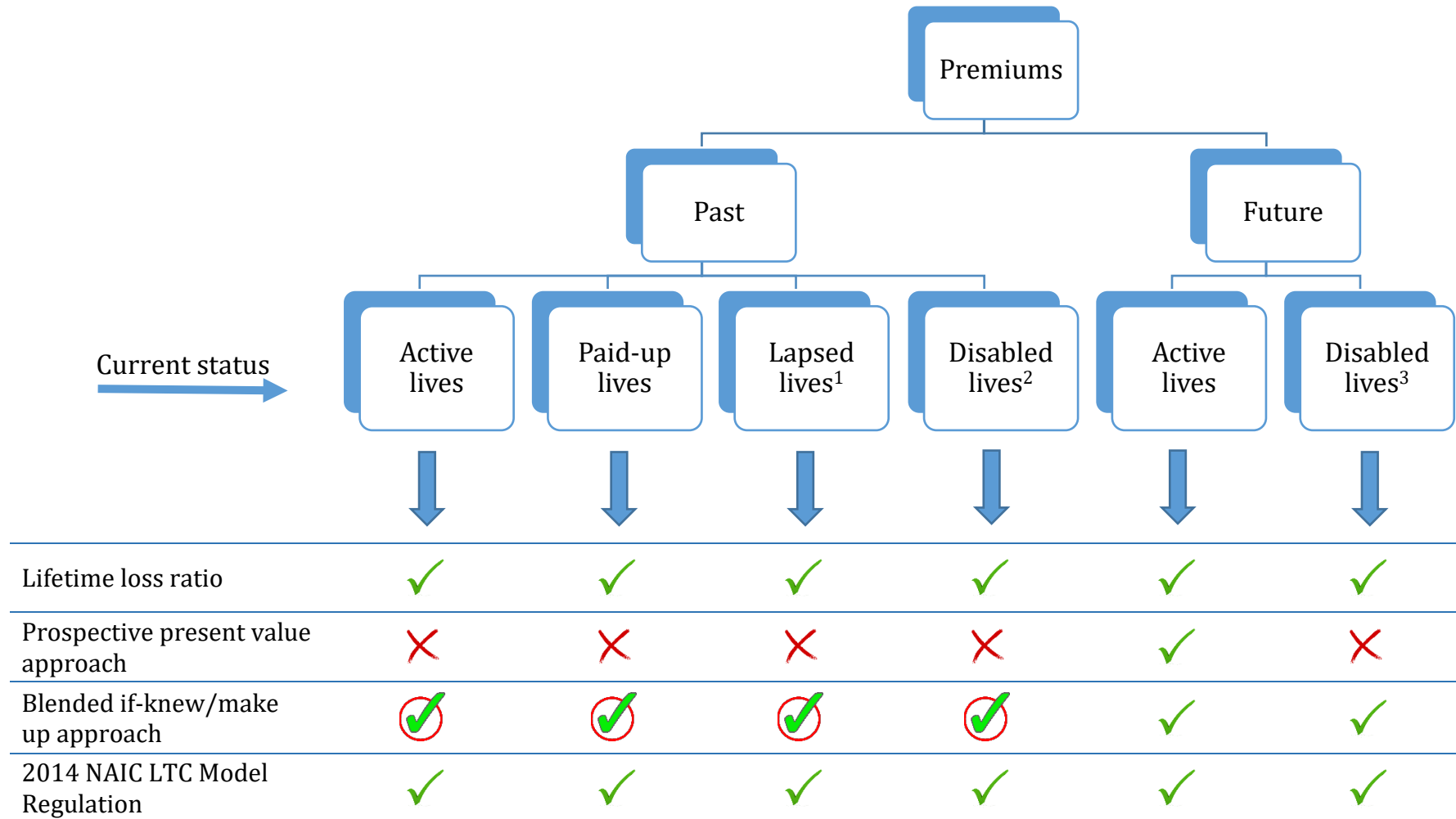
- policyholders who remain active and continue paying premiums
- policyholders who are currently on claim but recover and begin paying premiums again

At the time of a rate increase, sources of future incurred claims are:

- active premium paying policyholders who go on claim in the future

- disabled policyholders who are currently on claim, recover, and go on claim again in the future
- paid-up policyholders – this source of future claims is recognized in lifetime loss ratio calculations but not in projections of future claims for rate increases

# Premium Shortfall Categories at the Time of a Rate Increase Request



<sup>1</sup> Includes voluntary lapses and those who died prior to generating a claim

<sup>2</sup> Includes those who died while on claim and those who exhausted their benefits

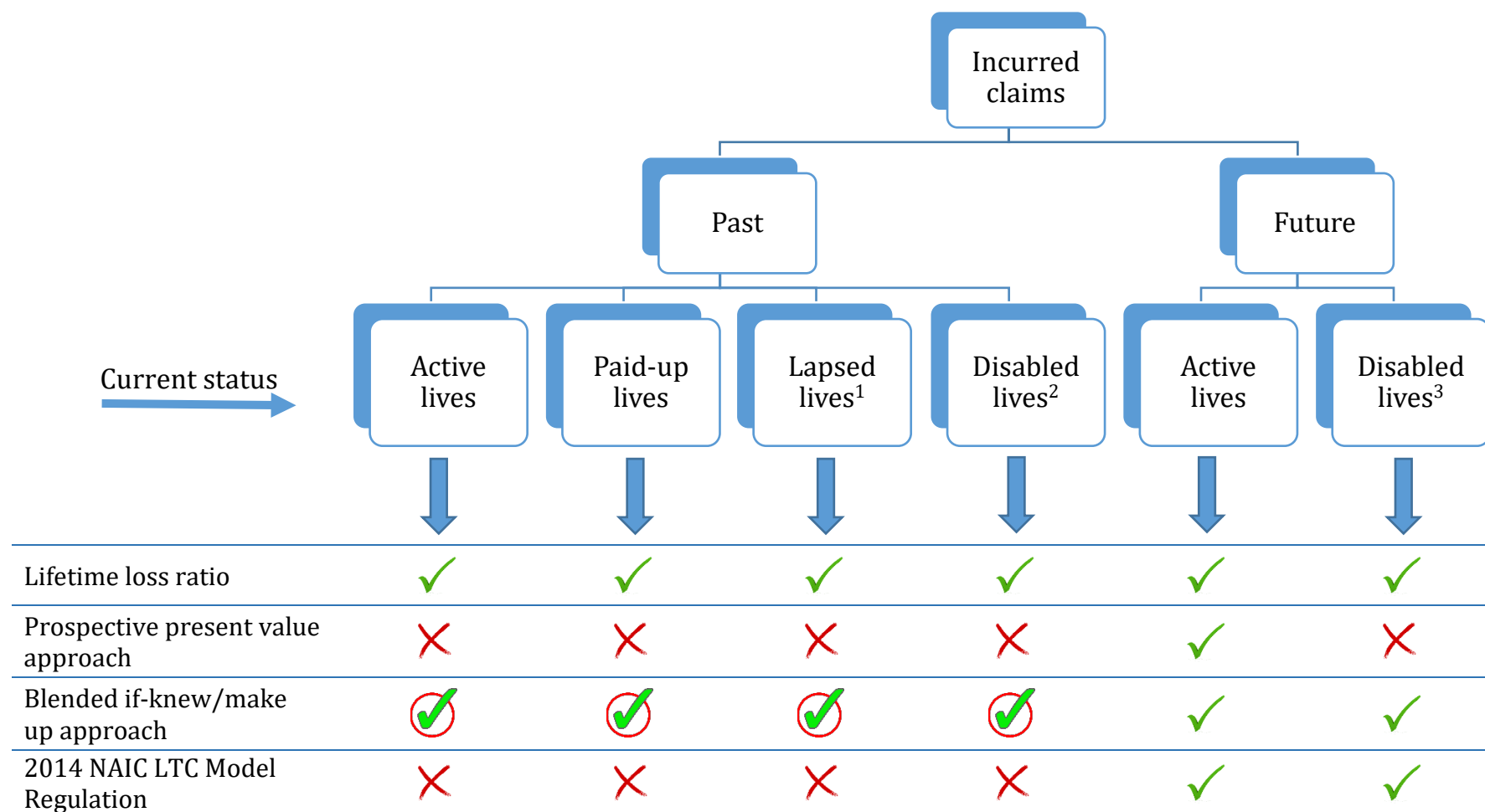
<sup>3</sup> Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase.

However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ⊗ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.



# Categories of Adverse Claims Experience at the Time of a Rate Increase Request



<sup>1</sup> Includes voluntary lapses and those who died prior to generating a claim

<sup>2</sup> Includes those who died while on claim and those who exhausted their benefits

<sup>3</sup> Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase.

However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ⊗ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

As a second step in the process, the pricing subgroup identified several general methodologies that were consistently used across states. These are:

- The lifetime loss ratio approach, which allows for full recoupment of past losses and often results in the largest rate increase
- Unique state approaches, which are designed to limit the recoupment of past losses
- The amended model regulation, which, like the state approaches, limits the recoupment of past losses

The two state approaches discussed in the pricing subgroup are described below.

### Prospective PV approach

This approach avoids a recoupment of past losses by considering only future projections. The following formula is used to compute an allowable rate increase for a block of LTC insurance policies:

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left( \frac{.58 + .85C}{1 + C} \right) \Delta PV(\text{future earned premiums})}{.85 PV_{\text{current}}(\text{future earned premiums})}$$

where:

- $\Delta$  indicates the change in present value (PV) due to the change in actuarial assumptions between the time of the last rate increase (or the original assumptions if there was no prior rate increase) and the current assumptions
- $C$  is the cumulative percent rate increase to date. For example, if the current rate, prior to the proposed rate increase, is 50 percent higher than the rate at initial pricing, then  $C = .5$

The *current* subscript in the denominator indicates that the PV should be computed using current assumptions. The future earned premiums in the formula are based on the current premiums prior to the proposed rate increase. Regulators may wish to consider the addition of margin to the rate increase. For example, the  $\Delta PV(\text{future incurred claims})$  term in the above formula could be multiplied by 1.1 to represent a 10 percent margin.

The formula is limited to **active, premium-paying policyholders** as of the time of the filing. All present value calculations in the formula should be based on the same set of current active lives.

For pre-rate stabilized policies, one could use .6 in place of .58 and .8 in place of .85:

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left( \frac{.6 + .8C}{1 + C} \right) \Delta PV(\text{future earned premiums})}{.8 PV_{\text{current}}(\text{future earned premiums})}$$

### Justification for the formula

The numerator represents the amount of additional funding needed, on a prospective basis, as a result of the change in actuarial assumptions. This amount reflects the increase in the PV of incurred claims, and is partly offset by the increase in the PV of future net premiums, where net premiums are computed by multiplying gross premiums by the loss ratio.

To compute the loss ratio, if  $P_0$  is the premium at initial pricing and  $P$  is the current premium prior to the proposed rate increase, then:

$$P = P_0(1 + C)$$

so

$$P_0 = \frac{P}{1 + C}$$

The portion of current premium due to prior increases is:

$$P - P_0 = P - \frac{P}{1 + C} = \frac{PC}{1 + C}$$

Applying a 58 percent loss ratio to the initial premium and an 85 percent loss ratio to the increase portion, the loss ratio is:

$$\frac{.58 \frac{P}{1 + C} + .85 \frac{PC}{1 + C}}{P} = \frac{.58 + .85 C}{1 + C}$$

Since a loss ratio of 85 percent applies to the rate increase, which provides the additional funding needed, then:

$$.85 \Delta PV_{\text{current}}(\text{future earned premiums}) = \Delta PV(\text{future incurred claims}) - \left( \frac{.58 + .85 C}{1 + C} \right) \Delta PV(\text{future earned premiums})$$

The percentage rate increase, computed as  $\Delta PV / PV$  of future earned premiums, is found by dividing both sides of the above equation by  $.85 PV_{\text{current}}(\text{future earned premiums})$ :

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left( \frac{.58 + .85 C}{1 + C} \right) \Delta PV(\text{future earned premiums})}{.85 PV_{\text{current}}(\text{future earned premiums})}$$

### **Possible Modifications to Prospective PV approach**

The prospective PV formula is intended to produce a rate increase that is adequate to fund the projected increase in future claim liabilities. However, a regulator should consider modifications to the formula based on the following:

- Disapproval of a prior actuarially justified rate increase.
- A prior actuarially justified rate increase reduced by the regulator.
- Approval of a prior actuarially justified rate increase after significant delay, offset by any company delay in filing for an actuarially justified rate increase.

Note that the use of any prior “actuarially justified” rate increase requires justification and support, which may vary by company and by state. The use and amount of any prior actuarially justified rate increase must be agreed to by both the regulator and the company.

Examples of the modifications that could be made to the prospective PV formula are described below:

### **Catch-up Provision (For rate increase requests denied or delayed)**

If part of a past rate increase request has been denied, or if there was a material delay in the prior approval, for the new rate to be consistent with the underlying methodology of the Base Formula, a company must be granted an additional rate increase amount, called the catch-up provision. The catch-up provision is designed to reflect in a new rate increase the necessary additional premiums based on the assumptions provided to the department at the time of the previous rate increase request that were not approved with the prior filing(s). It will not take into account any deviation in actual experience from assumed experience during that time period.

$$\begin{aligned} \text{Catch-up rate increase \%} = & \frac{\text{AV}(\text{premiums requested}^P) - \text{AV}(\text{premiums approved}^P)}{\text{PV}_{\text{current}}(\text{future earned premiums})} \\ & + \frac{\text{PV}(\text{premiums requested}^F) - \text{PV}(\text{premiums approved}^F)}{\text{PV}_{\text{current}}(\text{future earned premiums})} \end{aligned}$$

Where:

AV is the Accumulated Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

PV is the Present Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Requested<sup>P</sup> is the total past premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Requested<sup>F</sup> is the total future premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Approved<sup>P</sup> is the total past premiums that were collected based on the rate increase approved at the time of the previous rate increase request(s)

Premiums Approved<sup>F</sup> is the total future premiums that would have been collected based on the rate increase approved at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

**Transition Provision (For Pre-Rate Stability products and other products where the last rate increase requests was voluntarily reduced by the company)**

If the prior rate increase request was not subject to the Rate Stability actuarial certification or a past rate increase request has been voluntarily reduced from the amount per such certification, a transition period needs to be established for companies to make a single filing to provide the full amount of premium necessary to meet the actuarial certification (consistent with the Model Bulletin calculation requirements). This transition filing would establish the assumptions to be used as the “prior assumptions” for future Base Formula requests and the maximum “Prior Premium” scale for these policies based on those prior assumptions. For any new filing of a rate increase to the Prior Rate scale to be consistent with the underlying methodology of the Base Formula, a company must be granted increases from the current approved premium scale up to but not above the maximum Prior Premium scale as part of the Transition amount. In this instance, the company will not be allowed to recapture past premiums that would have been collected if the rate increase request had not been voluntarily reduced. To the extent that a company requests a Transitional increase and a state denies or reduces the amount, the amount denied would be allowed in future rate increase requests under the Catch-Up Provision.

$$\text{Transition rate increase \%} = \frac{\text{PV}(\text{premiums justified}) - \text{PV}(\text{premiums requested})}{\text{PV}_{\text{current}}(\text{future earned premiums})}$$

Where:

PV is the Present Value using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Justified is the total future premiums that would have been collected had the previous rate increase request been based upon the entire amount calculated in the Base Formula and Catch-up Provisions at the time of the previous rate increase request(s)

Premiums Requested is the total future premiums that would have been collected based on the entire rate increase requested at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

### **Calculation of Entire Rate Increase**

Total Rate Increase = Base Formula Increase % + Catch-up Increase % + Transition Increase %

### **Blended If-Knew/Make-up Approach**

This approach begins with the computation of if-knew and makeup rate increases, as described in the definitions below. Next, a blended average is computed between the if-knew and make-up increases, where the makeup component is weighted based on the percentage of original policyholders remaining in active, premium-paying status. Finally, a cost-sharing function is applied to determine the portion of the rate increase that is paid by policyholders, while the remainder is a cost borne by the company.

This approach requires the use of all components outlined in this section. It is not appropriate to use only one part of this approach to determine a rate increase.

Key definitions include:

- If-knew increase – increase to the premium rates such that the resulting rates, if in effect from inception of the form, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form
- Make-up increase – increase to the premium rates such that the resulting rates, if in effect in future years, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form
- Blended increase – weighted average of if-knew increase and makeup increase, with the makeup component weighted based on the percentage of the original policyholders remaining in active, premium-paying status
- Cost-sharing increase – blended increase reduced by the cost-sharing formula described below
- Maximum allowable rate increase – an increase that, in addition to any prior rate increase, results in a cumulative rate increase equal to the cost-sharing increase

## Cost sharing

This approach requires a state to establish a cost-sharing formula to be applied the rate increase determined under this approach. The table below is an example of a formula where the rate increase is sliced into layers. The policyholder's share of the rate increase decreases with each layer.

Blended increase	Policyholder share of the increase
0-15%	100%
15-50%	90%
50-100%	75%
100-150%	65%
>150%	50%

For example, a blended increase of 70 percent would be sliced into three layers, consisting of 15 percent in the 0-15% layer, 35 percent in the 15-50% layer, and the remaining 20 percent in the 50-100% layer. The policyholder's share of a 70 percent blended increase would be  $100\% \times 15\% + 90\% \times 35\% + 75\% \times 20\% = 15\% + 31.5\% + 15\% = 61.5\%$ .

The example below illustrates the application of this method. It assumes that the minimum loss ratio applicable to the policy is 60 percent and that at the time of the rate increase filing, 40 percent of the original policyholders remain and are paying premium.

	Without current increase			Premium at if knew level			Premium at make up level			With allowable rate increase		
Experience	Earned Premium		Incurred	Earned	Incurred	Loss	Earned	Incurred	Loss	Earned	Incurred	Loss
Period	Original	Actual	Claims	Premiums	Claims	Ratio	Premiums	Claims	Ratio	Premiums	Claims	Ratio
Past	100	110	50	208	50	24%	110	50	45%	110	50	45%
Future	60	78	150	125	150	120%	223	150	67%	137	150	109%
Lifetime	160	188	200	333	200	60%	333	200	60%	247	200	81%
Loss ratio at the original premium level				125%								
Minimum loss ratio applicable to the form				60%		Layer	PH share					
If-knew increase				108%		15%	100%					
Make-up increase				272%		35%	90%					
Remaining policyholders percentage				40%		50%	75%					
Blended increase				174%		50%	65%					
Cost-sharing increase				128%		24%	50%					
Past rate increase				30%		174%						
Maximum allowable rate increase				76%								

There are many possible refinements of the basic approach described above, such as:

- reducing the allowable increase if the original premiums were unreasonably low (i.e. lower than a benchmark premium calculated using assumptions that are deemed appropriate for the period in which the policy was priced and issued)
- basing the if-knew and make-up increases on a measure of profitability rather than on a target or minimum loss ratio standard

- calculating present values using actual and expected investment returns rather than statutory valuation rates
- specifying how margins for adverse experience and waiver of premium benefits should be treated in the loss ratio calculation
- specifying the level of granularity of the rate increase calculation (i.e. whether the rate increase should vary by benefit features, underwriting criteria, etc.)

### **NAIC Model Regulation**

Section 20.1(C)(2) of the Model Regulation describes a 58/85 loss ratio standard, which recognizes the lesser of actual or expected past claims. The allowable rate increase computed according to the Model Regulation's loss ratio standard applicable on the issue date of the policy, serves as a ceiling when using either of the above approaches.

## **Comparison of Approaches**

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Below are summaries of the results produced under each method for three actual rate filings received from three different carriers.

For each carrier, the earned premiums and incurred claims were multiplied by a random number to mask the carrier's actual data. Note that all yearly figures are discounted with interest:

### **Carrier #1**

<b>Summary of rate filing</b>	
Type	Pre Rate Stabilized (Individual)
Rate increase history	40% in 2010; 25% in 2015
Cumulative rate prior increase	$1.40 \times 1.25 - 1 = 75\%$

<b>Accumulated and present values at 4.5% interest rate</b>				
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	29,881,320	30,254,745	29,312,302	30,254,745
Future	6,396,557	64,064,583	8,276,125	81,078,884
Lifetime	36,277,877	94,319,328	37,588,427	111,333,629

<b>Summary of calculations</b>	
Estimated % of active policyholders remaining	50%
Lifetime LR	296%
Maximum rate increase under 60/80 lifetime LR standard	1321%
Blended if-knew & makeup components:	
Makeup increase	3268%
"If knew" rate increase	498%
Blended with 50% active policyholders remaining:	1883%
With cost sharing	983%



<b>Blended if-knew &amp; makeup rate increase*</b> (after backing out prior 69.6% cumulative rate increase)	<b>519%</b>
<b>Prospective PV allowable rate increase</b>	<b>238%</b>
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 50% actives remaining.	

## Carrier #2

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

Accumulated and present values at 4% interest rate				
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	2,605,954	41,528	2,605,954	41,528
Future	4,537,414	3,795,819	4,382,489	5,514,785
Lifetime	7,143,367	3,837,347	6,988,442	5,556,313

Summary of calculations	
Estimated % of active policyholders remaining	71%
Lifetime LR	80%
Maximum rate increase under 58/85 lifetime LR standard	40%
Blended if-knew & makeup components:	
Makeup increase	59%
"If knew" rate increase	37%
Blended with 71% active policyholders remaining:	53%
With cost sharing	49%
<b>Blended if-knew &amp; makeup allowable rate increase<sup>1,2</sup></b>	<b>49%</b>
<b>Prospective PV allowable rate increase<sup>2</sup></b>	<b>49%</b>
<sup>1</sup> Rate increase assumes: (1) benchmark premium = original premium; and (2) 71% actives remaining.	
<sup>2</sup> The allowable rate increase would be limited to 40% based on the 58/85 lifetime loss ratio standard.	

## Carrier #3

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

Accumulated and present values at 4.5% interest rate				
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims*	Earned premiums	Incurred claims*
Past	1,272,279	221,055	1,272,279	221,055

Future	659,852	1,098,641	864,521	2,561,128
Lifetime	1,932,131	1,319,696	2,136,800	2,782,183

\* Projected incurred claims include a 10% moderately adverse experience load.

Summary of calculations	
Estimated % of active policyholders remaining	77%
Lifetime LR	130%
Maximum rate increase under 58/85 lifetime LR standard	210%
Blended if-knew & makeup components:	
Makeup increase	308%
"If knew" rate increase	124%
Blended with 77% active policyholders remaining:	266%
With cost sharing	174%
<b>Blended if-knew &amp; makeup allowable rate increase*</b>	<b>174%</b>
<b>Prospective PV allowable rate increase</b>	<b>183%</b>
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 77% actives remaining.	

## Other Considerations

### Premium Rate Increase Caps

Some states, either by regulation or administrative practice, place caps on premium rate increases. In particular, New Hampshire adopted a rule that caps rate increases based on the insured's attained age. In general, caps implemented by states have no actuarial basis, but instead are arbitrarily administered.

Although it is understandable that states may favor arbitrary caps in the interest of protecting policyholders from large rate increases, one concern is a potential solvency risk if actuarially justified rate increases are postponed along with the potential for substantial reductions in benefits due to state-specific guaranty fund limits. In addition, the need for future rate increases will be greater based on the degree to which requested rate increases are capped. Many states have worked with companies to successfully address large rate increases through the use of a pre-approved series of incremental increases, allowing rates to reach the appropriate level while fully informing the policyholders of the timing and amount of the full series of increases.

### Delays in Filing and Delays in Approval of Rate Increases

Similar to arbitrary rate caps, delays in implementing actuarially justified rate increases due to either a carrier failing to file a needed rate increase, or delays in the regulatory approval of a needed rate increase, can pose a potential solvency risk. Several LTC insurance carriers have commented that delays in the implementation of needed rate increases lead to significantly higher rate increases later. For example, one carrier with a large block of LTC business estimated that each one-year delay of a needed rate increase adds a 5 to 10 percentage point increase to the needed rate increase.

### **Lifetime Loss Ratio Issue**

Some regulators believe it is inappropriate to approve a rate increase that would lead to a lower projected lifetime loss ratio than in the prior rate increase filing. Where the prior filing was consistent with actuarially certified adequate premiums this would generally be an appropriate expectation unless sufficient justification is provided for an exception. Where the prior rate filing was not consistent with actuarially certified adequate premiums (e.g. most pre-rate stability business or filings limited by rate caps) or the company noted in its filing that if experience did not improve that additional rate increase filings are likely, the projected loss ratio from such a prior filing is not an appropriate limit.

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**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/27/2021
Submitted Date	08/27/2021
Respond By Date	09/10/2021

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Dear Gina Jisonna,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: General Information & Actuarial Memorandum

In the Filing Description and Actuarial Memorandum, the company states, "We intend to provide certificateholders with a minimum of 60 days advance written notice prior to the first effective date of the premium rate schedule increase."

14VAC5-200-75 5. D. requires an insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer.

Please revise the Filing Description and Actuarial Memorandum to state the correct minimum advance written notice.

### Objection 2

- Certification of Compliance/Readability (Supporting Document)

Comments: Please identify each form submitted that is referred to in the Certification of Compliance.

### Objection 3

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide the SERFF Tracking # on the Rate Request Summary

### Objection 4

- VA\_Group\_Pre Rs Rates\_with\_11.43%Increase, [GPNP99-LTC, G.LTC2798] (Rate)

Comments: Please include the applicable policy forms on the Proposed Premium Rate Schedules so that the schedules are associated with each form.

### Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all exhibits in Excel with working formulas.

### Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain why the historical experience is not provided at least through 12/31/2020. The exhibits should be

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**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

updated through that point since the previous rate increase (SERFF # META-13064719 was approved on 11/21/2019 and was not fully implemented by 12/31/2019.

**Objection 7**

- Group Coverage Change Form Generic (Supporting Document)

Comments: Please provide the form # and the SERFF Tracking # under which this form was approved by the Virginia Bureau of Insurance.

**Objection 8**

- VA Group Insured Letter (Supporting Document)

Comments: Please provide the SERFF Tracking # under which form L0520003752[exp0521][VA] was approved in Virginia.

**Objection 9**

- Certification of Compliance/Readability (Supporting Document)

Comments: Pursuant to 14VAC5-200-155 please provide evidence that the group policy or certificate has been approved by Virginia.

**Conclusion:**

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Sincerely,  
Bill Dismore

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/05/2022
Submitted Date	05/05/2022

Dear Bill Dismore,

### Introduction:

### Response 1

#### Comments:

Please see the updated narrative as requested.

### Related Objection 1

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The Rate Increase Narrative should summarize the key information used to develop the rates including the main drivers for the revised rates. Our concern would be addressed if the company mirrored their statement in the policyholder notification letter and added a second sentence about the company's plan for future rate increases.

The letter states, "The decision to implement a premium increase was based on recent in-depth analysis of our Long-Term Care Insurance business. The predictions we use to calculate premiums, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase. Actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected."

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached updated Rate Request Summary.
<b>Attachment(s):</b>	VA_LTC Rate Request Summary 05-05.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached updated Rate Request Summary.</i>
<b>Attachment(s):</b>	<i>VA_LTC Rate Request Summary_2022-05-02.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached updated Rate Request Summary.</i>
<b>Attachment(s):</b>	<i>VA_LTC Rate Request Summary .pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached Rate Request Summary.</i>
<b>Attachment(s):</b>	<i>VA_LTC Rate Request Summary .pdf</i>

**Conclusion:**

Thank you for the attention to our filing.

Sincerely,

Cory Searles

<b>SERFF Tracking #:</b>	META-132957076	<b>State Tracking #:</b>	META-132957076	<b>Company Tracking #:</b>	CT21-83 GROUP (PRE-RATE) CS
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified				
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/02/2022
Submitted Date	05/02/2022

Dear Bill Dismore,

### **Introduction:**

Thank you for your letter of April 1, 2022. Below are our responses to your objections.

### **Response 1**

#### **Comments:**

The group policy contains a Waiver of Contribution clause that reads as follows:

#### *Waiver of Contribution*

We will waive Your contribution to the cost of Your Coverage on the first of the month coincident with or next following the date You satisfy Your Waiting Period. You must resume payment of Your contribution on the first of the month after You are no longer benefit authorized.

The policyholder does not make contributions to the premium.

### **Related Objection 1**

Applies To:

- VA Approved group policy/certificate (Supporting Document)
- VA Group Insured Letter REV, PHLTR-VA (Form)

Comments: Please clarify if the language in the group certificate or master group policy contains a "Waiver of Contribution" clause or a "Waiver of Premium" clause. Provide the wording for the clause.

We are not clear if, under the Group Master Policy, the policyholder is making a contribution to the premium along with the certificateholder.

### **Changed Items:**



State: Virginia Filing Company: Metropolitan Life Insurance Company  
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified  
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
 Project Name/Number: 2021 Rate Increase Filings /CT21-83 Group Rate Filings

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 05/02/2022 By: Cory Searles
Previous Version								
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 03/25/2022 By: Cory Searles
Previous Version								
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
Previous Version								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

## Response 2

### Comments:

The narrative has been updated.

## Related Objection 2

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: In the Rate Increase Narrative, the second to the last sentence in the paragraph states, " ....., many insurance companies requested increases to their LTC insurance premiums."

Please be advised that the rate increase narrative must be pertain only to this rate increase filing and not to what "many insurance companies" are doing. The narrative should reflect similar verbiage to that used in the certificateholder notification letter in the last paragraph on page 1.

## Changed Items:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

### Response 3

#### Comments:

The John Doe letter has been updated.

### Related Objection 3

Applies To:

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: Insured Letter - John Doe

1) The rates effective date of April 1, 2022 is less than 75 days from the mail date of January 31, 2022. In order to allow for mail time (5 business days) and to comply with the 75 day notice to the certificate holder, the rates effective date should be at least 80 days after the mail date. Please revise the John Doe Insured Letter to accurately reflect compliance with the notification regulation.

2) The "John Doe" letter must not contain any bracketed language. Please review the letter and ensure that all bracketed items contain information as explained in the Explanation of Variability. The bracketed language, [Coverage Change Receipt Date], appears in the second to last paragraph on page 3 must contain a specific date and must take into consideration a reasonable amount of time for the certificateholder to respond. Please revise the John Doe letter by installing a specific date for [Coverage Change Receipt Date] that accurately reflects a realistic letter as it is intended to be used.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-05-02)
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-04-11)</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-03-25)</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe.pdf VA_Group Insured Letter John Doe.pdf</i>

#### Response 4

##### Comments:

We confirm that the address on the bottom of the coverage change form matches the address on the Business Reply Envelope.

#### Related Objection 4

Applies To:

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: Coverage Change Form

Please confirm that the address on the bottom of the coverage change form is the same as the address on the "Business Reply Envelope" enclosed with the letter.

#### Changed Items:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-05-02)
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-04-11)</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-03-25)</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe.pdf VA_Group Insured Letter John Doe.pdf</i>

Response 5

Comments:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

- 1) The certificateholder should return the Coverage Change form at least 30 days prior to the Increase Premium Amount Date only if they intend to make changes to their current coverage to offset the increase.
- 2) If the certificateholder returns the coverage change form less than 30 days prior to the Increase Premium Amount Date, their requested change may not be processed until the following billing cycle.
- 3) If the certificateholder calls customer service to request a coverage change, the representative will provide the certificateholder with their available coverage changes options and ask them to complete the form with their preferred changes.
- 4) To be consistent in our terminology, we have updated the policyholder letter to utilize the phrase Increased Premium Amount Date.

#### **Related Objection 5**

Applies To:

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)
- VA Group Insured Letter REV, PHLTR-VA (Form)

Comments: 1) Please confirm that the it is the company's intention to require the certificateholder to return the Coverage Change form at least 30 days prior to the Increase Premium Amount Date.

- 2) Please describe what happens if the certificateholder returns the change form less than 30 days prior to the Increase Premium Amount Date.
- 3) Please describe what occurs if the certificateholder telephones the company to request a coverage change.
- 4) Please explain why the Coverage Change form uses the terminology "Increased Premium Amount Date:" while the Group Insured Letter uses "New Long Term Care Insurance coverage rates effective". Explain why the terminology is different and consider that this may be confusing to the certificateholder because the terminology is not consistent.

#### **Changed Items:**

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 05/02/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 03/25/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Group Insured Letter-REDLINED (revised)
<b>Comments:</b>	Please see the attached VA Group Insured Letter-REDLINED (revised 2022-05-02).
<b>Attachment(s):</b>	VA_Group Insured Letter REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED (revised)</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED (revised 2022-03-25).</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED (revised)</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED (revised).</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter.pdf</i>

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Group Insured Letter-REDLINED (revised)
<b>Comments:</b>	Please see the attached VA Group Insured Letter-REDLINED (revised 2022-05-02).
<b>Attachment(s):</b>	VA_Group Insured Letter REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED (revised)</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED (revised 2022-03-25).</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED (revised)</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED (revised).</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter.pdf</i>

<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-05-02)
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-04-11)</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>



State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Comments:	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-03-25)
Attachment(s):	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf
Previous Version	
Satisfied - Item:	Coverage Change Form and Insured Letter-John Doe
Comments:	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter.
Attachment(s):	Group_CovChg Form_generic John Doe.pdf VA_Group Insured Letter John Doe.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Group Insured Letter-REDLINED (revised)
<b>Comments:</b>	Please see the attached VA Group Insured Letter-REDLINED (revised 2022-05-02).
<b>Attachment(s):</b>	VA_Group Insured Letter REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED (revised)</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED (revised 2022-03-25).</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED (revised)</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED (revised).</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter.pdf</i>

<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-05-02)
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-04-11)</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-03-25)		
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf		
Previous Version			
<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe		
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter.		
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe.pdf VA_Group Insured Letter John Doe.pdf		

<b>Satisfied - Item:</b>	Objection Response 2022-05-02
<b>Comments:</b>	Please see the attached Objection Response 2022-05-02.
<b>Attachment(s):</b>	VA CT21-83 Group Objection 2022-5-1 (META-132957076) - Response.pdf

**Conclusion:**

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Sincerely,

Cory Searles

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/11/2022
Submitted Date	04/11/2022

Dear Bill Dismore,

### Introduction:

Thank you for your letter of March 28, 2022. Below are our responses to your objections.

### Response 1

#### Comments:

The brackets have been removed from the John Doe documents.

### Related Objection 1

Applies To:

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: Please remove the " [ " in the second paragraph, below the Customer Service phone number. In addition, remove the " ] " below the "To request a coverage change check only ONE box below" table in the lower right hand corner of the first page.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-04-11)
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-03-25)</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe.pdf VA_Group Insured Letter John Doe.pdf</i>

## Response 2

### Comments:

The brackets have been removed from the John Doe documents.

## Related Objection 2

Applies To:

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: Page 2, first bullet below "Please note all options available to the certificateholder may not be of equal value." there is a bracketed item "[Coverage Change Receipt Date]". Please revise as John Doe letters are required to be in a completed format without variability.

## Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-04-11)
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-03-25)</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Coverage Change Form and Insured Letter-John Doe</i>
<b>Comments:</b>	<i>Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic John Doe.pdf VA_Group Insured Letter John Doe.pdf</i>

**Conclusion:**

Thank you for attention to our filing.

Sincerely,

Cory Searles

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/25/2022
Submitted Date	03/25/2022

Dear Bill Dismore,

### Introduction:

Thank you for your letter of February 25, 2022. Below are our responses to your objections.

### Response 1

#### Comments:

The brackets have been removed from the second page of the John Doe Coverage Change Form, as requested.

### Related Objection 1

Applies To:

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: The "John Doe" Coverage Change Form does not appear completed. There are bracketed items on page 2. John Doe letters are required to be in a completed format without variability.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-03-25)
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter.
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe.pdf VA_Group Insured Letter John Doe.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response 2

### Comments:

Please see the updated EOVs and redlined copies.

## Related Objection 2

Applies To:

- VA Group Insured Letter REV, PHLTR-VA (Form)
- Explanation of Variables and REDLINED Copies (Supporting Document)

Comments: In your Objection #15 response, you state the EOv has been updated. However, we still find the statement, "Customer Service telephone number is bracketed in the event it changes in the future. There is no customer service telephone number mentioned in E. Paragraph.

Please explain.

### Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 03/25/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.



<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated 2022-03-25).
<b>Attachment(s):</b>	EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group_CovChg Form _generic.pdf EOV_Group Insured Letter_Virginia.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables and REDLINED Copies</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated).</i>
<b>Attachment(s):</b>	<i>EOV_Group Insured Letter_Virginia REDLINED.pdf EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form _generic.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables and REDLINED Copies</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf</i>

### Response 3

#### Comments:

[X] years has been replaced with one year in the Policyholder letter and Redlined version.

### Related Objection 3

Applies To:

- VA Group Insured Letter REV, PHLTR-VA (Form)

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

- Explanation of Variables and REDLINED Copies (Supporting Document)

Comments: The company's response to Objection #14 is not clear. The second bullet on the EOv under "Things to consider" states that [X] years is bracketed. We are unable to find any such bracketed statement in the certificateholder notification letter. Please clarify.

#### Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 03/25/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated 2022-03-25).
<b>Attachment(s):</b>	EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group_CovChg Form _generic.pdf EOV_Group Insured Letter_Virginia.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables and REDLINED Copies</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated).</i>
<b>Attachment(s):</b>	<i>EOV_Group Insured Letter_Virginia REDLINED.pdf EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form _generic.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables and REDLINED Copies</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf</i>

#### Response 4

##### Comments:

Please see the updated EOVs and redlined copies.

#### Related Objection 4

Applies To:

- Explanation of Variables and REDLINED Copies (Supporting Document)

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Comments: In the company's response to Objection #13, we did not find the updated EOV that addressed the variable [EFFECTIVE DATE]. Please add this to the EOV.

#### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated 2022-03-25).
<b>Attachment(s):</b>	EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group_CovChg Form _generic.pdf EOV_Group Insured Letter_Virginia.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated).
<b>Attachment(s):</b>	EOV_Group Insured Letter_Virginia REDLINED.pdf EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group Insured Letter _generic.pdf EOV_Group_CovChg Form _generic.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter.
<b>Attachment(s):</b>	EOV_Group_CovChg Form _generic.pdf EOV_Group Insured Letter _generic.pdf EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Explanation of Variables
<b>Comments:</b>	Please see the attached Explanation of Variables-Coverage Change Form and Insured Letter.
<b>Attachment(s):</b>	EOV_Group_CovChg Form _generic.pdf EOV_Group Insured Letter _generic.pdf

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

**Comments:**

Please see the updated EOVs and redlined copies.

**Related Objection 5**

Applies To:

- Explanation of Variables and REDLINED Copies (Supporting Document)

Comments: In the company's response to Objection #12, we still find the reference to "insureds issued in CA". Please remove this from the EOV as originally requested as this would never appear on a notification letter to a Virginia certificateholder.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated 2022-03-25).
<b>Attachment(s):</b>	EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group_CovChg Form _generic.pdf EOV_Group Insured Letter_Virginia.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables and REDLINED Copies</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated).</i>
<b>Attachment(s):</b>	<i>EOV_Group Insured Letter_Virginia REDLINED.pdf EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form _generic.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables and REDLINED Copies</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf</i>

## Response 6

### Comments:

We have included such language in the updated Coverage Change Form.

## Related Objection 6

Applies To:

- Group Coverage Change Form Generic, COVCHG-GP (Form)

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

Comments: In the company's response to Objection 16, you state, "1) The insured can retain a record of their coverage change form in any manner they choose. They can make a copy, scan it or take a high-quality photograph before returning their form."

Please explain why this instruction is not included on the Change Form especially since the company states in their response, "3) A signed and dated Premium Increase Coverage Change form is required."

**Changed Items:**

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Group Coverage Change Form Generic	COVCHG-GP	POLA	Initial		57.000	Group_CovChg Form_generic - Copy Sentence.pdf	Date Submitted: 03/25/2022 By: Cory Searles
Previous Version								
1	Group Coverage Change Form Generic	COVCHG-GP	POLA	Initial		57.000	Group_CovChg Form_generic .pdf	Date Submitted: 02/24/2022 By: Cory Searles
Previous Version								
1	Group Coverage Change Form Generic		POLA	Initial			Group Coverage Change Form_Generic.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 7**

**Comments:**

The brackets have been removed from the John Doe Coverage Change Form, as requested.

**Related Objection 7**

Applies To:

- Coverage Change Form and Insured Letter-John Doe (Supporting Document)

Comments: The "John Doe" certificateholder notification form contains bracketed items. See bracketed items within the blue box on page 2 and [Coverage Change Receipt Date] in two bulleted paragraphs under "Next Steps" on page 3. John Doe forms should not contain any bracketed items but should be completed as if it is a real letter to a certificateholder.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 2022-03-25
Comments:	Please see the attached Objection Response 2022-03-27.
Attachment(s):	VA CT21-83 Group (Pre-Rate) Objection 2022-3-27 (META-132957076) - Response.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 2022-03-25
Comments:	Please see the attached Objection Response 2022-03-27.
Attachment(s):	VA CT21-83 Group (Pre-Rate) Objection 2022-3-27 (META-132957076) - Response.pdf

Satisfied - Item:	Coverage Change Form and Insured Letter-John Doe
Comments:	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-03-25)
Attachment(s):	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf

Previous Version	
Satisfied - Item:	Coverage Change Form and Insured Letter-John Doe
Comments:	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter.
Attachment(s):	Group_CovChg Form_generic John Doe.pdf VA_Group Insured Letter John Doe.pdf

**Conclusion:**

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Sincerely,

Cory Searles



State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/24/2022
Submitted Date	02/24/2022

Dear Bill Dismore,

### Introduction:

Thank you for your letter of January 29, 2022. Below are our responses to your objections.

### Response 1

#### Comments:

We have added the below language to Section 17 of the attached Actuarial Memorandum:

The predictions we use to calculate premiums and claim costs, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase.

Furthermore, please note that the requested rate increase is only filed when we believe that the emerging experience and assumptions about the future have substantially deviated from the previous assumptions and projections. If the requested premium rate schedule increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases would be anticipated.

It is important to note that the company regularly monitors the performance of the LTC business and takes an active management approach that balances the need to be responsive to emerging results without reacting to less than credible short term fluctuations.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an explanation of the specific factors that the company watches that would trigger a future rate increase filing.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached updated Actuarial Memorandum.
<b>Attachment(s):</b>	Group - ActMemo_Supplement_VA - 75days.pdf Group_2020_ActMemo_(SITUS_NOT_ET) - Loss Ratio - VA-75days - Updated.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached revised Actuarial Memorandum.</i>
<b>Attachment(s):</b>	<i>Group_2020_ActMemo_(SITUS_NOT_ET) - Loss Ratio - VA-75days.pdf Group - ActMemo_Supplement_VA - 75days.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum.</i>
<b>Attachment(s):</b>	<i>Group_2020_ActMemo_(SITUS_NOT_ET) - VA.pdf Group - ActMemo_Supplement_VA.pdf</i>

## Response 2

### Comments:

The form numbers have been included in the forms and added to the Forms tab, as requested.

## Related Objection 2

Applies To:

- VA Group Insured Letter, (Form)

Comments: Premium Increase Notification Letter and Premium (Contribution) Increase Coverage Change Request Form

Pursuant to 14VAC5-101-60 1. The form number shall appear in the lower left-hand corner of the first page of each form. Please provide this form number in the proper location and also enter the Form Number under the appropriate section of the Form Schedule.

## Changed Items:

State: Virginia Filing Company: Metropolitan Life Insurance Company  
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified  
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
 Project Name/Number: 2021 Rate Increase Filings /CT21-83 Group Rate Filings

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles
2	Group Coverage Change Form Generic	COVCHG-GP	POLA	Initial		57.000	Group_CovChg Form_generic .pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
2	Group Coverage Change Form Generic		POLA	Initial			Group Coverage Change Form_Generic.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

### Response 3

#### Comments:

John Doe versions of the forms have been provided under Supporting Documentation.

### Related Objection 3

Applies To:

- VA Group Insured Letter, (Form)

Comments: Premium Increase Notification Letter and Premium (Contribution) Increase Coverage Change Request Form

Pursuant to 14VAC5-101-60 5. Each form shall be submitted in the final form in which it is to be marketed or issued, sufficiently completed in "John Doe" fashion to indicate how it is intended to be used.

Please provide a "John Doe" version of the Premium Increase Notification Letter and Premium Increase Coverage Change Request Form.

### Changed Items:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter.
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe.pdf VA_Group Insured Letter John Doe.pdf

#### Response 4

##### Comments:

The following readability certification scores have been added to the Form Schedule tab: VA\_Group Insured Letter REV Score 50; Coverage Change Request Form Score 57

#### Related Objection 4

Comments: Pursuant to 14VAC5-101-70 A. - G. please provide a readability certification for each form submitted under the Form Schedule tab.

#### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

#### Response 5

##### Comments:

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

The letter has been updated with clear identification of the driving factors for the increase.

#### Related Objection 5

Applies To:

- VA Group Insured Letter, (Form)

Comments: The last two sentences in paragraph 4 on page 1 does not provide a clear identification of the driving factors of the premium rate increase.

Below is an example of clear identification of driving factors that caused the premium rate increase.

[Example]: The reason for the rate increase is because the claims experience for all persons in your class has rapidly deteriorated over the past several years. The driving factors that led to the adverse experience include (a) higher-than-expected incidence of claims, especially at the higher ages, (b) claims lasting longer than originally anticipated, (c) higher cost of service per claim and (d) more services covered while disabled.

#### Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
Previous Version								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

#### Response 6

Comments:

The sentence has been bolded.

#### Related Objection 6

Applies To:

- VA Group Insured Letter, (Form)

Comments: Page 2, last sentence under "Your Options" should be in bold.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

**Changed Items:**

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

**Response 7**

**Comments:**

The redundancy has been corrected.

**Related Objection 7**

Applies To:

- VA Group Insured Letter, (Form)

Comments: Page 2, under "Things to consider"

Please explain why "we reserve the right to increase rates in the future" appears twice in consecutive sentences. This is confusing.

**Changed Items:**

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

## Response 8

### Comments:

MetLife will undertake periodic reviews of the policies as experience continues to emerge. MetLife will also continue to consider product affordability, the anticipated lifetime loss ratio, changes in the assumptions underlying the pricing, and the impact on performance of the business. The policies are guaranteed renewable and provide for potential future rate increases on a class basis.

## Related Objection 8

Applies To:

- VA Group Insured Letter, (Form)

Comments: Page 2, 2nd paragraph (variable) states that the company is likely to request an additional increase if the full amount is not approved.

Please state the company's intentions on a future rate increase if the full amount requested is approved.

## Changed Items:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Objection Response 2022-02-24
<b>Comments:</b>	Please see the attached Objection Response 2022-02-24.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2022-2-24 (META-132957076) - Response.pdf

### Response 9

#### Comments:

Both the coverage change form and the business reply envelope are included with every notification letter and, therefore, the brackets have been removed.

### Related Objection 9

Applies To:

- VA Group Insured Letter, (Form)

Comments: Please clarify if the Coverage Change Form and Business Reply Envelope are included with every Premium Increase Notification letter. If the answer is "yes", then there is no need to make these two items variable in the form.

### Changed Items:



<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

#### Response 10

##### Comments:

The customized decrease option is intended to allow the insured to call for other mitigation options if they do not want any of the decrease options presented on the Coverage Change form. Those additional options would be based on their current benefits and could include reducing to a lower DBA or TLB other than what we suggested on the form or could be a combination of decrease options.

#### Related Objection 10

Applies To:

- Group Coverage Change Form Generic, (Form)

Comments: Premium (Contribution) Increase Coverage Change Request Form

Please explain what a "Customized Decrease Option" is and provide examples of the decrease options.

#### Changed Items:

State: Virginia Filing Company: Metropolitan Life Insurance Company  
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified  
 Product Name: Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
 Project Name/Number: 2021 Rate Increase Filings /CT21-83 Group Rate Filings

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Group Coverage Change Form Generic	COVCHG-GP	POLA	Initial		57.000	Group_CovChg Form_generic .pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	Group Coverage Change Form Generic		POLA	Initial			Group Coverage Change Form_Generic.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

#### Response 11

##### Comments:

The highlighting has been removed.

#### Related Objection 11

Applies To:

- VA Group Insured Letter, (Form)

Comments: Page 1, 3rd paragraph the [DATE], ("Effective Date of Increase") is highlighted.

Please clarify if this highlighting of [DATE] is intended to be a part of the final form. If not, please remove the highlighting.

#### Changed Items:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

## Response 12

### Comments:

We have removed the references to California.

## Related Objection 12

Applies To:

- VA Group Insured Letter, (Form)

Comments: Statement of Variability - Certificateholder Notification Letter

The second bullet point under, "What You Need to Know indicates that the first 2 sentences in the second paragraph are only for insureds issued in CA and will not appear on most letters. This letter is for Virginia certificateholders, not California.

We are confused by this variability explanation as these 2 sentences are not bracketed as variable. Also, "insureds" are not issued, but "certificates or policies" are issued. There appears to be a misuse of terminology.

## Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated).
<b>Attachment(s):</b>	EOV_Group Insured Letter_Virginia REDLINED.pdf EOV_Group_CovChg Form_generic REDLINED.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form_generic.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables and REDLINED Copies</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form_generic REDLINED.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf</i>

### Response 13

#### Comments:

The Statement of Variability has been updated to address that variable.

### Related Objection 13

Applies To:

- VA Group Insured Letter, (Form)

Comments: Statement of Variability - Certificateholder Notification Letter

4th bullet under What You Need to Know does not have an explanation for the variable [EFFECTIVE DATE].

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated).
<b>Attachment(s):</b>	EOV_Group Insured Letter_Virginia REDLINED.pdf EOV_Group_CovChg Form_generic REDLINED.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form_generic.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables and REDLINED Copies</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form_generic REDLINED.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf</i>

#### Response 14

##### Comments:

The Statement of Variability has been updated.

#### Related Objection 14

Applies To:

- VA Group Insured Letter, (Form)

Comments: Statement of Variability - Certificateholder Notification Letter

1) 2nd bullet under Things to Consider does not have a bracketed sentence in the notification letter as indicated on the Statement of Variability.

2) There is no explanation regarding future company rate increases if the full requested rate increase is approved.

#### Changed Items:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

#### Response 15

##### Comments:

The Statement of Variability has been updated.

#### Related Objection 15

Applies To:

- VA Group Insured Letter, (Form)

Comments: Statement of Variability - Certificateholder Notification Letter

We were unable to find the bracketed Customer Service telephone number referenced in the last bullet under "Cancellation Requests".

#### Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

## Response 16

### Comments:

- 1) The insured can retain a record of their coverage change form in any manner they choose. They can make a copy, scan it or take a high-quality photograph before returning their form.
- 2) We do not provide an online version of the form that can be completed on our website.
- 3) A signed and dated Premium Increase Coverage Change form is required.

## Related Objection 16

Applies To:

- Group Coverage Change Form Generic, (Form)

Comments: Group Coverage Change Form

- 1) Please explain how the certificateholder is able to keep a record of their Change Form options if they are instructed to mail the form to the company.
- 2) Does the company provide an online version of the form that can be completed on the company's website?
- 3) Is a certificateholder able to request changes by contacting the customer service department by telephone? Please explain if a signed and dated Premium Increase Coverage Change Request Form is a requirement.

## Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Group Coverage Change Form Generic	COVCHG-GP	POLA	Initial		57.000	Group_CovChg Form_generic .pdf	Date Submitted: 02/24/2022 By: Cory Searles
<i>Previous Version</i>								
1	Group Coverage Change Form Generic		POLA	Initial			Group Coverage Change Form_Generic.pdf	Date Submitted: 12/22/2021 By: Cory Searles

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Group Coverage Change Form Generic-REDLINED (revised)
<b>Comments:</b>	Please see the attached Group Coverage Change Form Generic-REDLINED (revised).
<b>Attachment(s):</b>	Group_CovChg Form_generic REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic-REDLINED</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic-REDLINED.</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic.</i>
<b>Attachment(s):</b>	<i>Group Coverage Change Form_Generic.pdf</i>



<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Group Coverage Change Form Generic-REDLINED (revised)
<b>Comments:</b>	Please see the attached Group Coverage Change Form Generic-REDLINED (revised).
<b>Attachment(s):</b>	Group_CovChg Form_generic REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic-REDLINED</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic-REDLINED.</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic.</i>
<b>Attachment(s):</b>	<i>Group Coverage Change Form_Generic.pdf</i>

<b>Satisfied - Item:</b>	VA Group Insured Letter-REDLINED (revised)
<b>Comments:</b>	Please see the attached VA Group Insured Letter-REDLINED (revised).
<b>Attachment(s):</b>	VA_Group Insured Letter REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter.pdf</i>

**Conclusion:**

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Sincerely,

<b>SERFF Tracking #:</b>	META-132957076	<b>State Tracking #:</b>	META-132957076	<b>Company Tracking #:</b>	CT21-83 GROUP (PRE-RATE) CS
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified				
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings				

Cory Searles

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/27/2022
Submitted Date	01/27/2022

Dear Bill Dismore,

### Introduction:

Thank you for your letter of December 27, 2021. Below are our responses to your objections, which includes our email correspondence.

### Response 1

#### Comments:

1.) We are aware that Virginia regulations require a minimum of 75-day advance written notice. We apologize for the oversight in referencing 60 days.

2. a) MetLifes evaluation of the Justifiable Rate Increase (JRI) uses the Prospective Present Value Method (PPV) as described in the document titled Approaches to Reviewing Premium Rate Increases published by the NAIC LTC Pricing Subgroup in October 2018. This method aims at preventing companies from the recoupment of past losses by considering only future projections. Our prior method in determining the JRI was based on the If-Knew method, which calculates the premium needed at time zero to achieve the original loss ratio if all current experience had been known at inception. The change was made as a result of the Company observing the PPV method being adopted by an increasing number of states in recent years. However, please note that, neither method allows for any recoupment of past losses and MetLife cannot retroactively charge such premiums, so all historical losses stemming from past premium shortfalls are taken by the Company.

b) Since the last filing, along with the industry, MetLife has begun using the prospective present value approach. This method is solely designed to address future premium shortfalls and future adverse claims experience for active lives only and is designed to never recoup past losses. MetLifes request is fully in compliance with that set of formulas.

As for the projection itself, it is expected that the calculation of Lifetime Loss Ratio (LLR) will not be static at any point. It is largely dependent on the current set of Best Estimate assumptions, which follow historical experience. As the eventual development of the assumptions continues year-by-year, (hopefully) modest changes in the LLR will be normal and apparent. It is by no means a given that the LLR will always increase over time. Even if that were to be the case over time, temporary views of BE assumptions may add noise, or small non-material deviations up or down to the LLR. We do not view these interim variations as material to the long-run results.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Comments: Thank you for your response to our objection letter dated 11/30/2021 and received on 12/22/2021.

1) Please note that in your response to our question 2) you state "... a 60 day advance written notification. . . ". Please confirm that the company is aware that the Virginia regulations (14VAC5-200-75) require a minimum 75-day advance written notice.

2) The company's response does not answer the question posted in our question 3). Please explain why the company is changing their statement that it would continue to file rate increases in all states until 45% cumulative rate increases were achieved to 55% cumulative rate increases. Provide justification that will withstand actuarial peer review as Virginia relied upon the company's past statement when considering their prior rate increase request.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Objection Response 2022-01-26
<b>Comments:</b>	Please see the attached Objection Response 2022-01-26.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2022-1-26 (META-132957076) - Response.pdf

**Conclusion:**

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA  
AVP & Actuary, Metropolitan Life Insurance Company  
Sincerely,  
Cory Searles

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/22/2021
Submitted Date	12/22/2021

Dear Bill Dismore,

### Introduction:

Thank you for your letter of November 30, 2021. Below are our responses to your questions.

### Response 1

#### Comments:

1.) MetLifes evaluation of the Justifiable Rate Increase (JRI) uses the Prospective Present Value Method (PPV) as described in the document titled Approaches to Reviewing Premium Rate Increases published by the NAIC LTC Pricing Subgroup in October 2018. This method aims at preventing companies from the recoupment of past losses by considering only future projections. Our prior method in determining the JRI was based on the If-Knew method, which calculates the premium needed at time zero to achieve the original loss ratio if all current experience had been known at inception. The change was made as a result of the Company observing the PPV method being adopted by an increasing number of states in recent years. However, please note that, neither method allows for any recoupment of past losses and MetLife cannot retroactively charge such premiums, so all historical losses stemming from past premium shortfalls are taken by the Company.

2.) MetLife requests the same cumulative increase in all states nationwide and plans to continue to do so. The requested rate increase will become effective on the first day of the month following at least a 60 day advance written notification to the certificateholder. Further, implementation will not begin until the prior increase has been fully implemented.

3.) Please see the response to Objection 1 above.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

*Comments: Please explain the rationale behind the rate increase request for Virginia policyholders in response to the following:*

- 1) Since the current anticipated Lifetime Loss Ratio is less than the anticipated Lifetime Loss Ratio stated in the previous rate filing (META-130649719) with the approved rate increase, the risk pool is improving rather than degrading. The anticipated lifetime loss ratio with the previously approved rate increase was 93.9%. The current anticipated Lifetime Loss Ratio is 88.9% without a rate increase. The Virginia experience, while not credible, is performing better than the nationwide experience. Explain why a rate increase has been requested when the nationwide anticipated lifetime loss ratio is better than the loss ratio anticipated in the previous filing.
- 2) Virginia policyholders (516) represent less than 0.5% of the nationwide block. There are 21 states that have granted rate increases ranging from 0% to 27.5% and represent 37.1% of the nationwide block. This is less than the cumulative average rate increase approved in Virginia of 39%. Since the anticipated lifetime loss ratio has improved and there are still a number of states in which rate increases are well below the 39% VA cumulative. Explain why the VA rate increase request is not premature, especially since the last rate increase was approved on 11/21/2019 and may not be fully implemented.
- 3) In the previous filing, the company stated that it was going to continue to file rate increases in all states until 45% cumulative rate increases were achieved. Explain why the company has adjusted this target to 55%.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Objection Response 2021-12-22
<b>Comments:</b>	Please see the attached Actuarial Objection Response 2021-12-22.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2021-11-30 (META-132957076) - Response.pdf

**Conclusion:**

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA  
 AVP & Actuary, Metropolitan Life Insurance Company  
 Sincerely,  
 Cory Searles

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/22/2021
Submitted Date	12/22/2021

Dear Bill Dismore,

### Introduction:

Thank you for your letter of November 29, 2021. Below are our responses to your questions.

### Response 1

#### Comments:

Forms have been added to the Form Schedule and redlined copies have been provided under the Supporting Documentation tab.

### Related Objection 1

Applies To:

- Objection Response 2021-11-29 (Supporting Document)

Comments: 1) Please place all forms that have changes, no matter how minor, under the Form Schedule for review and approval.

2) Please provide a redline version of the form(s) that show the changes made by the company.

3) Please provide a redline version of the EOV documents provided under the Supporting Documentation tab.

### Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Group Insured Letter		OTH	Initial			VA_Group Insured Letter.pdf	Date Submitted: 12/22/2021 By: Cory Searles
2	Group Coverage Change Form Generic		POLA	Initial			Group Coverage Change Form_Generic.pdf	Date Submitted: 12/22/2021 By: Cory Searles

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Company Objection Response 2021-12-22
<b>Comments:</b>	Please see the attached Company Objection Response 2021-12-22.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection Response 2021-12-20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Company Objection Response 2021-12-22
<b>Comments:</b>	Please see the attached Company Objection Response 2021-12-22.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection Response 2021-12-20.pdf

<b>Satisfied - Item:</b>	Group Coverage Change Form Generic-REDLINED
<b>Comments:</b>	Please see the attached Group Coverage Change Form Generic-REDLINED.
<b>Attachment(s):</b>	Group_CovChg Form_generic REDLINED.pdf

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic.</i>
<b>Attachment(s):</b>	<i>Group Coverage Change Form_Generic.pdf</i>



<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Company Objection Response 2021-12-22
<b>Comments:</b>	Please see the attached Company Objection Response 2021-12-22.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection Response 2021-12-20.pdf
<b>Satisfied - Item:</b>	Group Coverage Change Form Generic-REDLINED
<b>Comments:</b>	Please see the attached Group Coverage Change Form Generic-REDLINED.
<b>Attachment(s):</b>	Group_CovChg Form_generic REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic.</i>
<b>Attachment(s):</b>	<i>Group Coverage Change Form_Generic.pdf</i>
<b>Satisfied - Item:</b>	VA Group Insured Letter-REDLINED
<b>Comments:</b>	Please see the attached VA Group Insured Letter-REDLINED.
<b>Attachment(s):</b>	VA_Group Insured Letter REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter.pdf</i>

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Company Objection Response 2021-12-22
<b>Comments:</b>	Please see the attached Company Objection Response 2021-12-22.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection Response 2021-12-20.pdf
<b>Satisfied - Item:</b>	Group Coverage Change Form Generic-REDLINED
<b>Comments:</b>	Please see the attached Group Coverage Change Form Generic-REDLINED.
<b>Attachment(s):</b>	Group_CovChg Form_generic REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic.</i>
<b>Attachment(s):</b>	<i>Group Coverage Change Form_Generic.pdf</i>
<b>Satisfied - Item:</b>	VA Group Insured Letter-REDLINED
<b>Comments:</b>	Please see the attached VA Group Insured Letter-REDLINED.
<b>Attachment(s):</b>	VA_Group Insured Letter REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter.pdf</i>
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter.
<b>Attachment(s):</b>	EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf EOV_Group_CovChg Form_generic REDLINED.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variables</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables-Coverage Change Form and Insured Letter.</i>
<b>Attachment(s):</b>	<i>EOV_Group_CovChg Form_generic.pdf EOV_Insured Letter_generic.pdf</i>

**Conclusion:**

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Sincerely,

Cory Searles

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/29/2021
Submitted Date	11/29/2021

Dear Bill Dismore,

### Introduction:

Thank you for your letter of November 15, 2021. Below are our responses to your questions.

### Response 1

#### Comments:

The VA Group Insured Letter and Coverage Change Form submitted for your review in this filing were based on the forms previously approved under SERFF # META-130649719. We made updates to the format as well as minor updates to the language and are requesting the department review the forms with the understanding that they include the required language that was agreed upon in the previous referenced filing.

### Related Objection 1

Applies To:

- Group Coverage Change Form Generic (Supporting Document)
- VA Group Insured Letter (Supporting Document)

Comments: In the company's 9/14/2021 objection response, it stated that the Group Coverage Change Form and VA Group Insured Letter were approved under SERFF # META-130649719. However, these two forms do not match those filed under META-130649719. Please explain or provide the correct SERFF Tracking # for the notification letter and change form approvals.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Objection Response 2021-11-29
<b>Comments:</b>	Please see the attached Objection Response 2021-11-29.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2021-11-29 (META-132957076)-Response.pdf

### Conclusion:

<b>SERFF Tracking #:</b>	META-132957076	<b>State Tracking #:</b>	META-132957076	<b>Company Tracking #:</b>	CT21-83 GROUP (PRE-RATE) CS
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified				
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings				

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Sincerely,

Cory Searles

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/02/2021
Submitted Date	11/02/2021

Dear Bill Dismore,

### Introduction:

Thank you for your letter of September 30, 2021. Below are our responses to your questions.

### Response 1

#### Comments:

\$1,670,208,197

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the active life reserve balance for the policies covered by the projections as of 12/31/2020.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Objection Response 2021-11-02
<b>Comments:</b>	Please see the attached Objection Response 2021-11-02.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2021-09-30 (META-132957076) - Response.pdf

### Response 2

#### Comments:

Please see the projection provided with the response. Note that without the rate increase the Lifetime Loss Ratio changed from 88.9% to 87.7% with the higher lapse assumption. With the rate increase, the projected Lifetime Loss Ratio changed from 86.7% to 85.6%

### Related Objection 2

Applies To:

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

- L&H Actuarial Memorandum (Supporting Document)

Comments: Attachment 4 shows an A/E for lapse of 128.2% at durations 13+. Please provide a sensitivity projection assuming lapses are 25% higher than expected.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Group VA Projection with 25% Higher Lapse
Comments:	Please see the attached Group VA Projection with 25% Higher Lapse.
Attachment(s):	Group VA Projection with 25% Higher Lapse.pdf

**Response 3**

**Comments:**

Please see the file named If-Knew Blended and PPV Calculations provided with this response.

**Related Objection 3**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide projections and demonstrations of the both the Prospective PV Method and If-Knew/Makeup Blend as described in the attached memo.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	If-Knew Blended and PPV Calculations
Comments:	Please see the attached If-Knew Blended and PPV Calculations.
Attachment(s):	If-Knew Blended and PPV Calculations.pdf

**Response 4**

**Comments:**

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Please see Attachment 7 included with the response.

**Related Objection 4**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Attachment 7 Group 11-2021
Comments:	Please see the attached Attachment 7 Group 11-2021.
Attachment(s):	Attachment 7 Group 11-2021.xlsx

**Conclusion:**

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA  
AVP & Actuary, Metropolitan Life Insurance Company

Sincerely,  
Cory Searles



State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/14/2021
Submitted Date	09/14/2021

Dear Bill Dismore,

### Introduction:

Thank you for your letter of August 27, 2021. Below are our responses to your questions.

### Response 1

#### Comments:

Please see the updated Filing Description, Actuarial Memorandum and Act memo supplement noting the 75 day required advance written notice.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: General Information & Actuarial Memorandum

In the Filing Description and Actuarial Memorandum, the company states, "We intend to provide certificateholders with a minimum of 60 days advance written notice prior to the first effective date of the premium rate schedule increase."

14VAC5-200-75 5. D. requires an insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer.

Please revise the Filing Description and Actuarial Memorandum to state the correct minimum advance written notice.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached revised Actuarial Memorandum.
<b>Attachment(s):</b>	Group_2020_ActMemo_(SITUS_NOT_ET) - Loss Ratio - VA-75days.pdf Group - ActMemo_Supplement_VA - 75days.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum.</i>
<b>Attachment(s):</b>	<i>Group_2020_ActMemo_(SITUS_NOT_ET) - VA.pdf Group - ActMemo_Supplement_VA.pdf</i>

## Response 2

### Comments:

The forms submitted that is referred to in the Certification of Compliance are the Group Coverage Change Form\_Generic and the VA\_Group Insured Letter.

## Related Objection 2

Applies To:

- Certification of Compliance/Readability (Supporting Document)

Comments: Please identify each form submitted that is referred to in the Certification of Compliance.

## Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

## Response 3

### Comments:

The SERFF Tracking # has been added to the Rate Request Summary.

## Related Objection 3

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide the SERFF Tracking # on the Rate Request Summary

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached updated Rate Request Summary.
<b>Attachment(s):</b>	VA_LTC Rate Request Summary .pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached Rate Request Summary.
<b>Attachment(s):</b>	VA_LTC Rate Request Summary .pdf

**Response 4**

**Comments:**

Please see the updated Proposed Premium rate Schedules to include the associated forms.

**Related Objection 4**

Applies To:

- VA\_Group\_Pre Rs Rates\_with\_11.43%Increase, [GPNP99-LTC, G.LTC2798] (Rate)

Comments: Please include the applicable policy forms on the Proposed Premium Rate Schedules so that the schedules are associated with each form.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached revised Actuarial Memorandum.
<b>Attachment(s):</b>	Group_2020_ActMemo_(SITUS_NOT_ET) - Loss Ratio - VA-75days.pdf Group - ActMemo_Supplement_VA - 75days.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum.</i>
<b>Attachment(s):</b>	<i>Group_2020_ActMemo_(SITUS_NOT_ET) - VA.pdf Group - ActMemo_Supplement_VA.pdf</i>

#### Response 5

##### Comments:

Please see the file named IB\_VA\_Group\_Exhibits for Objection Response.

#### Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all exhibits in Excel with working formulas.

#### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	IB_VA_Group_Exhibits for Objection Response
<b>Comments:</b>	Please see the attached IB_VA_Group_Exhibits for Objection Response.
<b>Attachment(s):</b>	IB_VA_Group_Exhibits for Objection Response.xlsx

#### Response 6

##### Comments:

Please see the file named IB\_VA\_Group\_Exhibits for Objection Response.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

### Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain why the historical experience is not provided at least through 12/31/2020. The exhibits should be updated through that point since the previous rate increase (SERFF # META-13064719 was approved on 11/21/2019 and was not fully implemented by 12/31/2019.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	IB_VA_Group_Exhibits for Objection Response
<b>Comments:</b>	Please see the attached IB_VA_Group_Exhibits for Objection Response.
<b>Attachment(s):</b>	IB_VA_Group_Exhibits for Objection Response.xlsx

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	IB_VA_Group_Exhibits for Objection Response
<b>Comments:</b>	Please see the attached IB_VA_Group_Exhibits for Objection Response.
<b>Attachment(s):</b>	IB_VA_Group_Exhibits for Objection Response.xlsx

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached revised Actuarial Memorandum.
<b>Attachment(s):</b>	Group_2020_ActMemo_(SITUS_NOT_ET) - Loss Ratio - VA-75days.pdf Group - ActMemo_Supplement_VA - 75days.pdf

Previous Version	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum.
<b>Attachment(s):</b>	Group_2020_ActMemo_(SITUS_NOT_ET) - VA.pdf Group - ActMemo_Supplement_VA.pdf

### Response 7

Comments:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

The Group Coverage Change Form Generic has been submitted for your review in the current filing. However, the form was previously approved by the Virginia Bureau of Insurance on 11-21-2019 under SERFF # META-130649719.

#### Related Objection 7

Applies To:

- Group Coverage Change Form Generic (Supporting Document)

Comments: Please provide the form # and the SERFF Tracking # under which this form was approved by the Virginia Bureau of Insurance.

#### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Objection Response 2021-09-14
<b>Comments:</b>	Please see the attached Objection Response 2021-09-14.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2021-08-27 (META-132957076)-Response.pdf

#### Response 8

##### Comments:

The VA Group Insured Letter has been submitted for your review in the current filing. However, the form was previously approved by the Virginia Bureau of Insurance on 11-21-2019 under SERFF # META-130649719.

#### Related Objection 8

Applies To:

- VA Group Insured Letter (Supporting Document)

Comments: Please provide the SERFF Tracking # under which form L0520003752[exp0521][VA] was approved in Virginia.

#### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

**Response 9**

**Comments:**

*Evidence of the VA approved group policy/certificate has been provided under Supporting Documentation.*

**Related Objection 9**

*Applies To:*

*- Certification of Compliance/Readability (Supporting Document)*

*Comments: Pursuant to 14VAC5-200-155 please provide evidence that the group policy or certificate has been approved by Virginia.*

**Changed Items:**

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Approved group policy/certificate
Comments:	Please see the attached evidence of VA Approved group policy/certificate .
Attachment(s):	GLTC199 Cert approved 10-14-99.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998.pdf

**Conclusion:**

*Thank you for your timely response and consideration.*

*Sincerely,*

*Mark D. Newton, FSA, MAAA*

*AVP & Actuary, Metropolitan Life Insurance Company*

*Sincerely,*

*Cory Searles*

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Amendment Letter

Submitted Date: 05/02/2022

Comments:

Please see the attached updated Long Term Care Insurance Rate Request Summary.

Sincerely,

Keith Bal

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached updated Rate Request Summary.
<b>Attachment(s):</b>	VA_LTC Rate Request Summary_2022-05-02.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached updated Rate Request Summary.</i>
<b>Attachment(s):</b>	<i>VA_LTC Rate Request Summary .pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached Rate Request Summary.</i>
<b>Attachment(s):</b>	<i>VA_LTC Rate Request Summary .pdf</i>



<b>SERFF Tracking #:</b>	META-132957076	<b>State Tracking #:</b>	META-132957076	<b>Company Tracking #:</b>	CT21-83 GROUP (PRE-RATE) CS
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified				
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings				

## Amendment Letter

Submitted Date: 03/25/2022

Comments:

Please see the attached Redlined copies to accompany the recent objection response submitted March 25, 2022.

Thank you.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
Project Name/Number:	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Group Coverage Change Form Generic-REDLINED (revised)
<b>Comments:</b>	Please see the attached Group Coverage Change Form Generic-REDLINED (revised 2022-03-25).
<b>Attachment(s):</b>	Group_CovChg Form_generic REDLINED - Copy Sentence.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic-REDLINED (revised)</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic-REDLINED (revised).</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic-REDLINED</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic-REDLINED.</i>
<b>Attachment(s):</b>	<i>Group_CovChg Form_generic REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Group Coverage Change Form Generic</i>
<b>Comments:</b>	<i>Please see the attached Group Coverage Change Form Generic.</i>
<b>Attachment(s):</b>	<i>Group Coverage Change Form_Generic.pdf</i>

<b>Satisfied - Item:</b>	VA Group Insured Letter-REDLINED (revised)
<b>Comments:</b>	Please see the attached VA Group Insured Letter-REDLINED (revised 2022-03-25).
<b>Attachment(s):</b>	VA_Group Insured Letter REDLINED.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED (revised)</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED (revised).</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter-REDLINED</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter-REDLINED.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter REDLINED.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>VA Group Insured Letter</i>
<b>Comments:</b>	<i>Please see the attached VA Group Insured Letter.</i>
<b>Attachment(s):</b>	<i>VA_Group Insured Letter.pdf</i>

<b>SERFF Tracking #:</b>	META-132957076	<b>State Tracking #:</b>	META-132957076	<b>Company Tracking #:</b>	CT21-83 GROUP (PRE-RATE) CS
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified				
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings				

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**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group Long-Term Care Insurance Premium Rate Schedule Increase Filing  
**Project Name/Number:** 2021 Rate Increase Filings /CT21-83 Group Rate Filings

## Reviewer Note

**Created By:**

Bill Dismore on 11/15/2021 11:24 AM

**Last Edited By:**

Bill Dismore

**Submitted On:**

03/30/2022 01:15 PM

**Subject:**

Actuarial Summary & Opinion

**Comments:**

11/15/2021 - received actuary's summary and opinion report.

JOHN T. CONDO, FSA, MAAA, PHD  
DAVID E. NEVE, FSA, MAAA, CERA  
CANDE OLSEN, FSA, MAAA, CLU  
SHAWN D. PARKS, FSA, MAAA



NAZNEE RIAS, FSA, MAAA, CERA  
NICOLE L. RUSSO, ASA, MAAA  
LORNE W. SCHINBEIN, FSA, MAAA

November 15, 2021

Life and Health Division  
Bureau of Insurance  
State Corporation Commission  
P. O. Box 1157  
Richmond, VA 23218

Subject: **SERFF Tracking #META-132957076**

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **Metropolitan Life Insurance Company** (the “Company”). This is a rate increase filing for a block of Group Long Term Care Insurance.

### **Recommendation**

My review of this filing was performed according to the provisions of 14VAC5-200-150. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”. After review of the Company’s submission, I believe that the rate increase is in compliance with all applicable regulations. I therefore recommend that the Bureau approve the rate increase request of 11.43%.

### **Other Extra-Regulatory Considerations**

In addition to the regulatory analysis referenced above, I have reviewed a series of extra-regulatory tests that the Bureau considers for LTC rate filings. The maximum rate increase allowed under each of those tests is shown in the chart below:

Compliant Increase under 14VAC5-200	11.43%
<b>Additional Test</b>	<b>Max Allowed</b>
PV Future Loss	full
Prospective PV	13.3%
If-Knew/Makeup	16.0%
State Equity	0%

### **Historical Background**

These group policies were issued in Virginia from 1989 through 9/30/2003 with certificates issued through 2014 and I have reviewed according to the requirements of 14VAC5-200-150.



As of 09/30/2020, there were 516 insureds with \$821K premium in force in Virginia, and 142,846 insureds with annual premiums of \$168.1M nationwide, making Virginia's block approximately 0.5% of the total.

A previous rate increase of 39% was approved by the Bureau in 2019. The Company is currently requesting a rate increase of 11.43%.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

## Methodology

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

## Assumptions

Morbidity – The current morbidity assumptions are based on Company experience through June 2019 with selection factors wearing off after 3 years. The original assumptions were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications at the time of original pricing.

The A/E based on the revised assumptions is 101% for incidence and 102% for terminations.

One basis for measuring credibility is the formula recommended by the American Academy of Actuaries ("AAA") in a Long-term Care Credibility Monograph issued in August 2016. Under the formula recommended, 3,246 claims are needed for full LTCI data credibility. The standard is applied to cumulative historical experience to determine the credibility of the block. The Company's aggregate morbidity is based on approximately 70,000 claims, resulting in full credibility.

Mortality – The mortality is set at 97% of the Annuity 2000 Basic Table with selection factors. The original assumption was based on the 1983 GAM mortality table with loading removed. The current mortality produces an A/E ratio of 100%.

Voluntary Lapse – The current lapse assumptions are based on Company experience through June 2019. The ultimate lapse rate ranges from 0.7% to 1.8% at durations 13+, varying by issue age and grading down to 0.7% at attained ages 65+. The original ultimate assumption was 4.5% in years 10+. A shock lapse of 0.9% is assumed in the year of increase implementation.

The A/E vs. current assumptions is 128% at durations 13+. The A/E at earlier durations is somewhat volatile, but all inforce policies are currently past duration 13. I asked the Company



to provide a sensitivity test with 25% higher lapse rates and the requested increase would still pass all tests performed below under this sensitivity.

Interest – the weighted average valuation interest rate for the pre-stability block is 4.47% and is used for discounting the projections. The original pricing rate was 6.00%.

### Projections

The Company has included both nationwide and Virginia-only loss ratio projections as of 12/31/2020. Because the Virginia-only business is not credible on its own, the Company has used the nationwide experience under this form as the basis for its request. Since experience is not expected to have a large variation by geographic region, I agree that it is appropriate to use the nationwide data for increased credibility.

Original LR	No Increase			With Increase		
	Future	Fut/ALR	Lifetime	Future	Fut/ALR	Lifetime
83%	272%	112%	89%	247%	101%	87%

In Attachment 2 submitted by the Company, the lifetime loss ratio in the original filing was 72% using actual sales. However, this exhibit used the original interest rate at the time of pricing (6.0%) so we used the data in that exhibit to recalculate at 4.47% to match the interest rate in the current projection, resulting in an original loss ratio of 83.1%. All projected loss ratios exceed this target.

### 60/75 Test

83.1/75	Projected	
Minimum	Incurred	
Claims	Claims	Pass/Fail
3,831 M	4,518 M	PASS

The 60/75 test prescribes the use of the valuation interest rate, which averaged 4.47% over the issue years of the policies covered by this filing. We also substituted the original loss ratio of 83.1% where appropriate.

### PV of Future Loss Test

Scenario	PV Future Loss
Original	-895 M
No Incr	-1,808 M
11.43% Incr	-1,683 M

The goal of this test is to ensure that, when looking only into the future, the company is not in a better position financially than if the assumptions were to play out according to original



assumptions (except for interest). This is done by calculating the present value of the future expected loss under original assumptions and comparing that to the current assumptions with and without the proposed premium action. For this filing, the loss is greater under the current assumptions than original assumptions, so this test would not limit the increase.

### **Prospective PV Approach**

The allowable rate increase is 13.28% using the data provided by the Company. Note that this analysis was performed using an original loss ratio of 73%. The allowable increase would be slightly lower using an original loss ratio of 83% but I did not have enough information to adjust the calculation independently.

### **If-Knew/Makeup Blend Approach**

The allowable rate increase is 16.0% using the data provided by the Company. Note that this analysis was performed using an original loss ratio of 73%. The allowable increase would be slightly lower using an original loss ratio of 83% but I did not have enough information to adjust the calculation independently.

### **State Rate Equity**

The statistics related to rate actions in all states are presented in the table below. The proposed rate increase is less than the nationwide average.

NW Range	NW Avg	VA Curr	VA Prop
0%-54.9%	39.3%	39.0%	54.9%

The Company is continuing to pursue rate increases in those states where less than 54.9% has been approved. Based on this strategy and the relatively small level of the cumulative increase, I do not recommend reducing the request based on this measure.

### **Reliance and Qualifications**

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.





I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,

Shawn D. Parks, FSA, MAAA

**State Tracking #:** META-132957076

**Company Tracking #:** CT21-83 GROUP (PRE-RATE)  
CS

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Reviewer Note

**Created By:**

Bill Dismore on 09/14/2021 01:47 PM

**Last Edited By:**

Bill Dismore

## Submitted On:

05/06/2022 07:59 AM

**Subject:**

RRS

**Comments:**

## Rate Review Summary

## **Part 2 - Long Term Care Insurance Rate Request Summary**

**Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission**

Company Name and NAIC Number: Metropolitan Life Insurance Company  
– NAIC # 65978

SERFF Tracking Number: META-132957076

Disposition: Approved & Filed

Approval Date: 05/06/2022

Current Average Annual Premium Per Member: \$1,591

### **Rate Changes:**

Average Percentage Rate Change Per Member: 11.43%

Minimum Requested Percentage Rate Change Per Member: 11.43%

Maximum Requested Percentage Rate Change Per Member: 11.43%

Number of Virginia Policy Holders Affected: 516

### **Summary of the Bureau's review of the rate request:**

The Company requested and the Bureau approved a rate increase of 11.43% for this block of group long-term care insurance policy forms.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-150 of the Virginia Administrative Code. The review indicated that the lifetime anticipated loss ratio after the increase will be 87%, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they do not intend to request future rates increases on this block unless the actual experience is worse than projected.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

Long Term Care Insurance Rate Request Summary  
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company - 65978
SERFF Tracking Number:	META-132957076
Effective Date:	On Approval

Revised Rates

Average Annual Premium Per Member:	\$1619
Average Requested Percentage Rate Change Per Member:	11.43%
Minimum Requested Percentage Rate Change Per Member:	11.43%
Maximum Requested Percentage Rate Change Per Member:	11.43%
Number of Policy Holders Affected :	309

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
GPNP99-LTC G.LTC2798	Group Long Term Care

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

*This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.*

### **Rate Increase Narrative**

The decision to implement a premium increase was based on recent in-depth analysis of our Long-Term Care Insurance business. The predictions we use to calculate premiums, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase. Actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected. MetLife reserves the right to request additional rate increases based on future reviews of the policies as experience continues to emerge. MetLife will also continue to consider product affordability, the anticipated lifetime loss ratio, changes in the assumptions underlying the pricing, and the impact on performance of the business.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 05/06/2022	VA Group Insured Letter REV	PHLTR-VA	OTH	Initial		50.000	VA_Group Insured Letter REV.pdf
2	Approved 05/06/2022	Group Coverage Change Form Generic	COVCHG-GP	POLA	Initial		57.000	Group_CovChg Form_generic - Copy Sentence.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory



[Metropolitan Life Insurance Company  
Long-Term Care  
P.O. Box 990028  
Hartford, CT 06199-0028]

## Metropolitan Life Insurance Company

[Mail Date]

Group Name: [Group Name]

Group No: [Group Number]



Increased Premium Amount Date:  
[DATE].

[First Name] [Last Name]

[Address 1]

[Address 2]

[City, ST Zip or Country Name if Foreign address]

## Premium (Contribution) Increase Notification – Please review

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### Why MetLife is contacting you

This letter is to inform you we are implementing a premium increase of [XX]% on your Long-Term Care (LTC) Insurance underwritten by Metropolitan Life Insurance Company (“MetLife”).

### What you need to know

#### **[Insert this paragraph for insureds who ARE NOT on premium waiver:]**

We [requested a [XX%] increase on your certificate and] received authority from the [STATE] insurance regulator to implement the [XX%] increase on your certificate. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

#### **[Insert this paragraph for insureds who ARE on premium waiver:]**

We [requested a [XX%] increase on your certificate and] received authority from the [STATE] insurance regulator to implement the [XX%] increase on your certificate. While the increase is scheduled to take place on [Date], (“Effective Date of Increase”), your premium is currently being waived under the Waiver of Contributions provision in your certificate. As a result, there will be no impact to your premium unless your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

This premium increase impacts a broad group of certificateholders and is not based on any individual’s personal factors such as age, health status or claims history. We understand how important your long-term care insurance coverage is to your personal financial plan. The decision to implement a premium increase was based on recent in-depth analysis of our Long-Term Care Insurance business. The predictions we use to calculate premiums, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase. Actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.



The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission’s webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

**[Insert for insureds who ARE NOT on premium waiver:]**

The premium amount for your long-term care insurance coverage is scheduled to increase as indicated below on the Effective Date of Increase. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur. In addition, it is important to note that depending on the date your coverage is currently paid through, you may receive an interim direct bill that reflects the difference in the increased amount owed and the amount that was paid prior to this announcement. The interim bill may be applicable to all bill modes and frequencies.

**[Insert for insureds who ARE on premium waiver:]**

Your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision in your certificate. Prior to the effective date of the increase, your premium rate increase will not take effect until the effective date of the increase. If your obligation to make premium payments resumes after the effective date of the increase, you will be responsible for the increased premium rate at that time. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur.

Effective Date:	[EFFECTIVE DATE]
Current Premium Amount:	[OLD AMOUNT]/[FREQUENCY]
Increased Premium Amount:	[NEW AMOUNT]/[FREQUENCY]

**Your Options**

MetLife understands that a premium increase may not be affordable for some insureds. Therefore, we may offer you personalized options, if available, to help reduce the impact of the premium increase. Please review the enclosed Coverage Change Form to see what options are available to you. **Please note that all options available may not be of equal value, based on your personal situation.**

**Things to consider**

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your policy, and subject to any applicable regulatory approval, **WE RESERVE THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, similar options may be available; however, decreases in coverage can be made at any time, per the provisions of your certificate.

[Please note that because the percentage approved is less than what we requested, it is likely that we will request an additional increase, and if that increase were approved, we would implement the additional increase no sooner than [X] years from the date indicated below. Note that any future increase would first be subject to the review and approval of the Virginia State Corporation Commission.]

Please note that any changes in your coverage that cause your premium to increase that take effect between now and the Effective Date of Increase will be calculated at the **increased** rates. Prior to

being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this premium rate schedule at any time. If you are set up for automatic deductions, you do not need to take any action. The increased premium will be deducted on the next scheduled deduction date after the rate increase effective date.

### **Cancellation Requests**

If you choose to cancel your Long Term Care Insurance Coverage with MetLife, a limited long term care benefit may still be available to you. Please carefully evaluate your individual situation before selecting one of these options. We believe that long term care insurance should be considered in every financial plan and encourage you to maintain your certificate to retain the valuable protection it provides.

#### **[A. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL):]**

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For certificateholders who are eligible for, and meet the requirements for payment of, benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL") as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL.

#### **[B. Insert for insureds with nonforfeiture feature that will pay benefits less than those of LCUL:]**

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Our records indicate your certificate currently includes a nonforfeiture coverage provision. However, the amount of coverage available under the nonforfeiture coverage provision included in your certificate in the event of lapse is less than what would be provided under LCUL. If you lapse at any time between the date of this letter and 120 days from the effective date of the rate increase, we will provide nonforfeiture coverage under LCUL instead of the nonforfeiture coverage feature included in your certificate since LCUL will provide a greater benefit. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your coverage.

**[C. Insert for insureds who will be provided a choice between their current nonforfeiture feature and LCUL:]**

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your certificate lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. If your coverage lapses, you are eligible for the limited coverage as described in your certificate.

Alternatively, if your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, you may elect in writing to receive limited coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") **instead of** the nonforfeiture coverage provision included in your certificate. *(Please note that both LCUL and the nonforfeiture coverage provision in your certificate provide limited coverage and do not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, we are providing you a choice between the nonforfeiture coverage provision included in your certificate and LCUL because the benefits you would receive under the nonforfeiture coverage provision included in your certificate are different than those you would receive under LCUL. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your certificate.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase and we do **not** receive a written election from you for LCUL after your lapse but before the end of the 120-day period, we will automatically provide coverage under the nonforfeiture coverage provision included in your certificate and LCUL will no longer be available as an option.

**[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]**

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your coverage lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)*

**[E. Insert for insureds with paid-up coverage with a layer of non-paid up coverage:]**

Our records indicate you are making premium payments on only a portion of your coverage and that the remainder of your coverage is fully paid-up. In the event you stop making premium payments or notify MetLife you do not wish to maintain the portion of your coverage that is not fully paid up, you will retain the portion of your coverage that is fully paid-up. In this case, the portion of your coverage on which you are making premium payments will end. Please be aware that the portion of your coverage that is paid-up is **not** subject to the premium increase.

## **Next Steps**

- If you choose to decrease or cancel your coverage, please complete the enclosed Coverage Change / Cancellation Form and return it in the enclosed postage-paid envelope. If you are making a coverage change, we will need to receive your completed form by [Coverage Change Receipt Date] to ensure that any coverage changes take effect on the Effective Date of

Increase. Please be advised that under the terms of your certificate, you may make decreases to your coverage at any time.

***Please note that all options available to the certificateholder may not be of equal value.***

**[Insert next sentence only for insureds with End Your Coverage options A or B:]**

- While you are entitled to receive limited coverage under LCUL if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

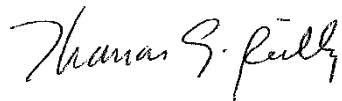
**[Insert next sentence only for insureds with End Your Coverage option C:]**

- While you are entitled to receive limited coverage under LCUL if you elect LCUL in writing and if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, or under the nonforfeiture coverage provision included in your certificate today, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

**At MetLife we're here to help**

We are ready to assist you. If you have any additional questions or would like to discuss your options in more detail, please call our Customer Service team at [1-800-308-0179]. Call center representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,



Thomas G. Reilly, Assistant Vice President  
Product Management & Compliance  
Metropolitan Life Insurance Company

Encl: Coverage Change Form, Business Reply Envelope



Metropolitan Life Long-Term Care  
P.O. Box 99028  
Hartford, CT 06199-0028

**Metropolitan Life Insurance Company**

Group Name: [Group Name]  
Group #: [Group No.]

[First Name] [Middle Initial] [Last Name]

**[Leave out for insureds on Waiver of Contributions:]**

[Increased Premium Amount Date: [Effective Date of Increase]]

## Premium (Contribution) Increase Coverage Change Request Form

**If you intend to maintain your current coverage at the new increased premium, there is no need to return this form.**

Please use this form to request a decrease in your long-term care insurance coverage, if available, or to cancel your coverage. If you have any questions, you can speak with our **Customer Service team at [1-800-308-0179]**.

To request a coverage change check only ONE box below		
<b>Keep current coverage and pay premium increase</b>  <b>(No Action Required)</b>  Daily Benefit Amount: [\$XXX.XX]  Total Lifetime Benefit: [X] Years  Premium: [\$XXX.XX][mode]  <b>Note:</b> If you do not submit a selection, your coverage will remain the same and your new increased premium will become effective on [DATE].	<div><input type="checkbox"/></div> <b>Reduce Daily Benefit and Minimize Premium Increase</b>  Daily Benefit Amount: [\$XXX.XX]  Premium: [\$XXX.XX][mode]	<div><input type="checkbox"/></div> <b>Reduce Lifetime Benefit and Minimize Premium Increase</b>  Total Lifetime Benefit: [X] Years  Premium: [\$XXX.XX][mode]
	<div><input type="checkbox"/></div> <b>Customized Decrease Option</b> <i>Please call the Customer Service team for available options and write your selection in the space provided below. Please do not add a selection below if you have not discussed your options with our customer service team.</i>  _____	<div><input type="checkbox"/></div> <b>Coverage Termination</b>  [A. or B. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL) OR insureds with nonforfeiture feature that will pay benefits less than those of LCUL:] <input type="checkbox"/> Please CANCEL my coverage. I understand that I will be provided with coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"). As you consider this option, please note that this is <b>limited</b> coverage and does not provide the same level of coverage you currently have.  [C. Insert for insureds who will be provided with a choice between their current nonforfeiture feature and LCUL:]

		<p><input type="checkbox"/> [Please CANCEL my coverage and apply the limited coverage under the <b>nonforfeiture feature</b> that is included in my certificate. <i>As you consider this option, please note that this is <b>limited</b> coverage and does not provide the same level of coverage you currently have.]</i></p> <p><input type="checkbox"/> [Please CANCEL my coverage and apply the <b>Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL")</b>. I understand in making this selection that I waive my rights under any other nonforfeiture feature. <i>As you consider this option, please note that this is <b>limited</b> coverage and does not provide the same level of coverage you currently have.]</i></p> <p><b>[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]</b></p> <p><input type="checkbox"/> [Please CANCEL my coverage. I understand that this will trigger coverage under the nonforfeiture feature that is included in my certificate. <i>As you consider this option, please note that this is <b>limited</b> coverage and does not provide the same level of coverage you currently have.]</i></p> <p><b>[E. Insert for insureds with paid-up coverage with a layer of non-paid-up coverage:]</b></p> <p><input type="checkbox"/> [Please CANCEL the portion of my coverage that is not paid-up. I understand that I will retain the portion of my coverage that is paid-up, and the portion of my coverage on which I am making premium payments will end. <i>Please note that the portion of your coverage that is paid-up is <b>not</b> subject to the premium increase.]</i></p>
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I understand the certificate change(s) I have selected above. I agree that any change(s) will become effective on the premium rate increase date outlined above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign, date and return this form to the address listed below by [Coverage Change Receipt Date]. Please make a copy of this form for your personal records. No Response is required if you are not making any changes.

***Metropolitan Life Insurance Company***  
***[Long-Term Care \* PO Box 14634 \* Lexington, KY \* 40512-9938]***  
***[Phone: 1-800-308-0179]***

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	39.000%
<b>Effective Date of Last Rate Revision:</b>	11/21/2019
<b>Filing Method of Last Filing:</b>	SERFF
<b>SERFF Tracking Number of Last Filing:</b>	META-130649719

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Metropolitan Life Insurance Company	11.430%	11.430%	\$57,179	309	\$500,258	11.430%	11.430%



<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA_Group_Pre Rs Rates_with_11.43%Increase	GPNP99-LTC, G.LTC2798	Revised	Previous State Filing Number: META-130649719 Percent Rate Change Request: 11.43	VA_Group_Pre_Rs_Ra tes_with_11.43%Increa se.pdf,

**Group Long-Term Care Insurance Nursing Home Benefits**  
**Monthly Premium Rates per \$100 Daily Benefits**  
**Current Monthly Rates with Proposed 11.43% Increase**

Plans with Optional Inflation Feature				
MAX YRS	2	2	10	10
WP DAYS	10	180	10	180
Age:				
30	\$1.94	\$1.46	\$3.58	\$2.81
31	\$2.12	\$1.59	\$3.90	\$3.05
32	\$2.31	\$1.74	\$4.26	\$3.33
33	\$2.53	\$1.91	\$4.65	\$3.64
34	\$2.77	\$2.07	\$5.07	\$3.97
35	\$3.02	\$2.27	\$5.53	\$4.32
36	\$3.31	\$2.47	\$6.04	\$4.71
37	\$3.62	\$2.71	\$6.59	\$5.14
38	\$3.97	\$2.95	\$7.19	\$5.60
39	\$4.32	\$3.24	\$7.83	\$6.12
40	\$4.74	\$3.54	\$8.57	\$6.66
41	\$5.16	\$3.86	\$9.29	\$7.23
42	\$5.63	\$4.20	\$10.10	\$7.86
43	\$6.12	\$4.57	\$10.99	\$8.52
44	\$6.66	\$4.99	\$11.92	\$9.25
45	\$7.27	\$5.43	\$12.95	\$10.04
46	\$7.90	\$5.91	\$14.06	\$10.89
47	\$8.61	\$6.43	\$15.29	\$11.82
48	\$9.38	\$7.00	\$16.60	\$12.83
49	\$10.22	\$7.62	\$18.04	\$13.93
50	\$11.13	\$8.30	\$19.59	\$15.10
51	\$12.27	\$9.14	\$21.52	\$16.56
52	\$13.51	\$10.07	\$23.62	\$18.15
53	\$14.86	\$11.09	\$25.94	\$19.92
54	\$16.39	\$12.20	\$28.47	\$21.84
55	\$18.06	\$13.45	\$31.26	\$23.95
56	\$19.89	\$14.81	\$34.32	\$26.25
57	\$21.90	\$16.31	\$37.69	\$28.78
58	\$24.14	\$17.95	\$41.37	\$31.57
59	\$26.58	\$19.78	\$45.41	\$34.60
60	\$29.28	\$21.77	\$49.85	\$37.95
61	\$32.41	\$24.10	\$54.99	\$41.79
62	\$35.90	\$26.68	\$60.65	\$46.02
63	\$39.75	\$29.51	\$66.89	\$50.67
64	\$44.00	\$32.65	\$73.78	\$55.80
65	\$48.73	\$36.14	\$81.38	\$61.44
66	\$53.78	\$39.85	\$89.51	\$67.48
67	\$59.35	\$43.94	\$98.46	\$74.11
68	\$65.52	\$48.45	\$108.31	\$81.38
69	\$72.31	\$53.44	\$119.14	\$89.37
70	\$79.80	\$58.92	\$131.06	\$98.15
71	\$87.85	\$64.79	\$143.83	\$107.52
72	\$96.71	\$71.24	\$157.86	\$117.78
73	\$106.45	\$78.32	\$173.24	\$129.02
74	\$117.19	\$86.14	\$190.12	\$141.35
75	\$129.00	\$94.72	\$208.66	\$154.84
76	\$141.32	\$103.63	\$227.89	\$168.78
77	\$154.81	\$113.41	\$248.88	\$183.97
78	\$169.57	\$124.10	\$271.80	\$200.53
79	\$185.75	\$135.79	\$296.83	\$218.58
80	\$203.47	\$148.60	\$324.18	\$238.26
81	\$219.32	\$159.61	\$348.31	\$255.13
82	\$236.38	\$171.45	\$374.23	\$273.20
83	\$254.76	\$184.16	\$402.08	\$292.55
84	\$274.59	\$197.82	\$432.01	\$313.27
85	\$295.95	\$212.47	\$464.17	\$335.47
86	\$318.98	\$228.24	\$498.73	\$359.23
87	\$343.78	\$245.16	\$535.83	\$384.67
88	\$370.54	\$263.34	\$575.71	\$411.91
89	\$399.37	\$282.85	\$618.57	\$441.08
90	\$430.43	\$303.83	\$664.61	\$472.33

Plans with Automatic Inflation Protection Feature				
MAX YRS	2	2	10	10
WP DAYS	10	180	10	180
Age:				
30	\$12.59	\$9.65	\$23.28	\$18.35
31	\$13.30	\$10.20	\$24.58	\$19.37
32	\$14.06	\$10.76	\$25.94	\$20.45
33	\$14.85	\$11.39	\$27.39	\$21.57
34	\$15.69	\$12.02	\$28.92	\$22.77
35	\$16.59	\$12.70	\$30.53	\$24.02
36	\$17.52	\$13.42	\$32.24	\$25.35
37	\$18.51	\$14.17	\$34.01	\$26.77
38	\$19.57	\$14.97	\$35.91	\$28.25
39	\$20.66	\$15.81	\$37.92	\$29.82
40	\$21.83	\$16.69	\$40.03	\$31.46
41	\$23.07	\$17.64	\$42.24	\$33.17
42	\$24.36	\$18.65	\$44.56	\$34.99
43	\$25.74	\$19.69	\$47.01	\$36.91
44	\$27.20	\$20.80	\$49.61	\$38.92
45	\$28.75	\$21.97	\$52.34	\$41.05
46	\$30.38	\$23.22	\$55.24	\$43.29
47	\$32.09	\$24.51	\$58.27	\$45.64
48	\$33.91	\$25.91	\$61.49	\$48.14
49	\$35.81	\$27.37	\$64.89	\$50.77
50	\$37.84	\$28.92	\$68.46	\$53.54
51	\$40.24	\$30.73	\$72.64	\$56.76
52	\$42.78	\$32.67	\$77.09	\$60.21
53	\$45.47	\$34.72	\$81.80	\$63.83
54	\$48.36	\$36.91	\$86.80	\$67.68
55	\$51.40	\$39.23	\$92.10	\$71.77
56	\$54.66	\$41.71	\$97.74	\$76.11
57	\$58.11	\$44.33	\$103.71	\$80.70
58	\$61.79	\$47.11	\$110.05	\$85.58
59	\$65.69	\$50.09	\$116.79	\$90.74
60	\$69.84	\$53.23	\$123.92	\$96.22
61	\$74.66	\$56.89	\$132.13	\$102.49
62	\$79.82	\$60.80	\$140.88	\$109.15
63	\$85.33	\$64.96	\$150.23	\$116.25
64	\$91.22	\$69.41	\$160.18	\$123.83
65	\$97.51	\$74.16	\$170.81	\$131.90
66	\$104.38	\$79.32	\$182.33	\$140.60
67	\$111.72	\$84.82	\$194.63	\$149.88
68	\$119.58	\$90.72	\$207.76	\$159.78
69	\$127.99	\$97.02	\$221.77	\$170.33
70	\$136.98	\$103.76	\$236.73	\$181.56
71	\$146.80	\$111.05	\$252.98	\$193.69
72	\$157.34	\$118.87	\$270.33	\$206.64
73	\$168.59	\$127.25	\$288.87	\$220.43
74	\$180.69	\$136.22	\$308.69	\$235.16
75	\$193.64	\$145.81	\$329.87	\$250.87
76	\$207.39	\$155.96	\$352.15	\$267.25
77	\$222.12	\$166.80	\$375.94	\$284.73
78	\$237.89	\$178.40	\$401.33	\$303.35
79	\$254.80	\$190.82	\$428.44	\$323.17
80	\$272.89	\$204.10	\$457.39	\$344.29
81	\$289.56	\$215.70	\$483.52	\$362.64
82	\$307.25	\$227.96	\$511.13	\$381.97
83	\$326.01	\$240.92	\$540.32	\$402.32
84	\$345.92	\$254.64	\$571.19	\$423.76
85	\$367.05	\$269.11	\$603.83	\$446.34
86	\$389.48	\$284.43	\$638.33	\$470.11
87	\$413.27	\$300.59	\$674.79	\$495.17
88	\$438.50	\$317.69	\$713.33	\$521.55
89	\$465.29	\$335.75	\$754.09	\$549.36
90	\$493.70	\$354.85	\$797.18	\$578.63

**Group Long-Term Care Insurance - Comprehensive and Dual Level Reimbursement Benefits**

**Monthly Premium Rates per \$100 Daily Benefits**

**Current Monthly Rates with Proposed 11.43% Increase**

Plans with Optional Inflation Feature								
MAX YRS	2	2	2	2	10	10	10	10
HC %	50	50	100	100	50	50	100	100
WP DAYS	10	180	10	180	10	180	10	180
Age:								
30	\$4.86	\$3.61	\$7.08	\$5.32	\$6.60	\$5.05	\$10.21	\$7.73
31	\$5.20	\$3.86	\$7.51	\$5.64	\$7.08	\$5.43	\$10.89	\$8.26
32	\$5.55	\$4.12	\$7.99	\$5.99	\$7.59	\$5.81	\$11.60	\$8.80
33	\$5.92	\$4.40	\$8.49	\$6.36	\$8.15	\$6.24	\$12.36	\$9.38
34	\$6.32	\$4.71	\$9.01	\$6.76	\$8.74	\$6.71	\$13.18	\$10.02
35	\$6.72	\$5.00	\$9.57	\$7.20	\$9.36	\$7.20	\$14.05	\$10.69
36	\$7.19	\$5.36	\$10.16	\$7.63	\$10.05	\$7.73	\$14.98	\$11.40
37	\$7.66	\$5.72	\$10.81	\$8.13	\$10.78	\$8.30	\$15.98	\$12.16
38	\$8.18	\$6.11	\$11.48	\$8.62	\$11.56	\$8.90	\$17.04	\$12.96
39	\$8.72	\$6.52	\$12.19	\$9.18	\$12.39	\$9.56	\$18.15	\$13.83
40	\$9.29	\$6.95	\$12.95	\$9.76	\$13.27	\$10.25	\$19.37	\$14.76
41	\$10.02	\$7.50	\$13.91	\$10.49	\$14.34	\$11.08	\$20.84	\$15.89
42	\$10.81	\$8.10	\$14.94	\$11.27	\$15.48	\$11.96	\$22.43	\$17.12
43	\$11.64	\$8.74	\$16.05	\$12.11	\$16.71	\$12.91	\$24.14	\$18.42
44	\$12.55	\$9.42	\$17.24	\$13.03	\$18.04	\$13.95	\$25.96	\$19.82
45	\$13.54	\$10.16	\$18.52	\$14.01	\$19.50	\$15.07	\$27.96	\$21.36
46	\$14.58	\$10.96	\$19.89	\$15.05	\$21.05	\$16.28	\$30.10	\$22.99
47	\$15.70	\$11.83	\$21.37	\$16.19	\$22.72	\$17.58	\$32.38	\$24.75
48	\$16.95	\$12.76	\$22.95	\$17.39	\$24.54	\$18.98	\$34.86	\$26.65
49	\$18.24	\$13.75	\$24.66	\$18.70	\$26.50	\$20.50	\$37.62	\$28.68
50	\$19.69	\$14.84	\$26.50	\$20.10	\$28.59	\$22.15	\$40.38	\$30.90
51	\$21.41	\$16.17	\$28.68	\$21.77	\$31.19	\$24.15	\$43.81	\$33.53
52	\$23.30	\$17.59	\$31.07	\$23.60	\$33.99	\$26.32	\$47.55	\$36.40
53	\$25.33	\$19.15	\$33.65	\$25.58	\$37.06	\$28.68	\$51.59	\$39.50
54	\$27.57	\$20.86	\$36.45	\$27.72	\$40.39	\$31.27	\$55.99	\$42.86
55	\$29.99	\$22.71	\$39.47	\$30.05	\$44.05	\$34.09	\$60.76	\$46.53
56	\$32.62	\$24.74	\$42.73	\$32.57	\$48.00	\$37.18	\$65.93	\$50.49
57	\$35.50	\$26.92	\$46.27	\$35.30	\$52.35	\$40.54	\$71.56	\$54.80
58	\$38.60	\$29.32	\$50.12	\$38.25	\$57.06	\$44.19	\$77.84	\$59.48
59	\$41.99	\$31.92	\$54.28	\$41.46	\$62.20	\$48.17	\$84.26	\$64.56
60	\$45.70	\$34.76	\$58.78	\$44.93	\$67.81	\$52.51	\$91.43	\$70.06
61	\$49.99	\$38.04	\$63.93	\$48.88	\$74.30	\$57.52	\$99.57	\$76.28
62	\$54.68	\$41.65	\$69.53	\$53.21	\$81.39	\$62.99	\$108.43	\$83.08
63	\$59.80	\$45.56	\$75.62	\$57.90	\$89.19	\$69.02	\$118.10	\$90.47
64	\$65.42	\$49.88	\$82.26	\$62.99	\$97.70	\$75.58	\$128.60	\$98.50
65	\$71.57	\$54.58	\$89.47	\$68.55	\$107.04	\$82.79	\$140.07	\$107.27
66	\$78.28	\$59.69	\$97.35	\$74.59	\$117.11	\$90.51	\$152.31	\$116.61
67	\$85.62	\$65.29	\$105.96	\$81.17	\$128.12	\$98.97	\$165.65	\$126.80
68	\$93.65	\$71.40	\$115.30	\$88.32	\$140.18	\$108.22	\$180.15	\$137.84
69	\$102.43	\$78.08	\$125.46	\$96.10	\$153.35	\$118.34	\$195.92	\$149.87
70	\$112.03	\$85.40	\$136.55	\$104.53	\$167.77	\$129.38	\$213.08	\$162.92
71	\$122.64	\$93.41	\$148.81	\$113.83	\$183.45	\$141.30	\$231.51	\$176.90
72	\$134.24	\$102.16	\$162.19	\$123.92	\$200.55	\$154.36	\$251.54	\$192.07
73	\$146.98	\$111.75	\$176.76	\$134.94	\$219.27	\$168.59	\$273.30	\$208.55
74	\$160.88	\$122.24	\$192.63	\$146.90	\$239.75	\$184.16	\$296.95	\$226.46
75	\$176.13	\$133.69	\$209.93	\$159.94	\$262.12	\$201.14	\$322.65	\$245.88
76	\$193.16	\$146.39	\$229.40	\$174.47	\$286.83	\$219.66	\$351.17	\$267.15
77	\$211.85	\$160.26	\$250.67	\$190.30	\$313.90	\$239.89	\$382.23	\$290.28
78	\$232.36	\$175.47	\$273.92	\$207.55	\$343.53	\$261.97	\$416.01	\$315.40
79	\$254.84	\$192.13	\$299.30	\$226.38	\$375.93	\$286.11	\$452.78	\$342.69
80	\$279.50	\$210.34	\$327.05	\$246.92	\$411.38	\$312.45	\$492.81	\$372.33
81	\$305.73	\$228.79	\$357.11	\$268.17	\$448.06	\$338.44	\$535.20	\$402.31
82	\$334.41	\$248.85	\$389.95	\$291.26	\$488.01	\$366.57	\$581.20	\$434.67
83	\$365.80	\$270.66	\$425.79	\$316.29	\$531.51	\$397.06	\$631.20	\$469.63
84	\$400.12	\$294.40	\$464.94	\$343.53	\$578.89	\$430.06	\$685.47	\$507.43
85	\$437.69	\$320.22	\$507.68	\$373.08	\$630.48	\$465.82	\$744.41	\$548.27
86	\$478.75	\$348.30	\$554.34	\$405.17	\$686.70	\$504.54	\$808.42	\$592.38
87	\$523.67	\$378.84	\$605.32	\$440.04	\$747.92	\$546.49	\$877.93	\$640.05
88	\$572.81	\$412.08	\$660.97	\$477.89	\$814.59	\$591.92	\$953.43	\$691.55
89	\$626.55	\$448.22	\$721.73	\$519.02	\$887.22	\$641.15	\$1,035.41	\$747.19
90	\$685.35	\$487.53	\$788.07	\$563.67	\$966.31	\$694.45	\$1,124.45	\$807.31

Plans with Automatic Inflation Protection Feature								
MAX YRS	2	2	2	2	10	10	10	10
HC %	50	50	100	100	50	50	100	100
WP DAYS	10	180	10	180	10	180	10	180
Age:								
30	\$21.96	\$16.80	\$25.71	\$19.81	\$33.05	\$25.96	\$38.48	\$30.18
31	\$23.03	\$17.63	\$26.93	\$20.76	\$34.71	\$27.29	\$40.36	\$31.69
32	\$24.14	\$18.50	\$28.20	\$21.75	\$36.47	\$28.68	\$42.34	\$33.25
33	\$25.31	\$19.39	\$29.54	\$22.79	\$38.32	\$30.14	\$44.44	\$34.90
34	\$26.53	\$20.35	\$30.91	\$23.87	\$40.27	\$31.69	\$46.62	\$36.63
35	\$27.84	\$21.33	\$32.38	\$24.99	\$42.29	\$33.31	\$48.93	\$38.44
36	\$29.16	\$22.39	\$33.92	\$26.19	\$44.44	\$34.99	\$51.35	\$40.35
37	\$30.59	\$23.48	\$35.51	\$27.43	\$46.68	\$36.77	\$53.87	\$42.34
38	\$32.08	\$24.64	\$37.18	\$28.75	\$49.05	\$38.64	\$56.52	\$44.45
39	\$33.63	\$25.84	\$38.93	\$30.11	\$51.54	\$40.62	\$59.30	\$46.63
40	\$35.26	\$27.11	\$40.78	\$31.55	\$54.13	\$42.67	\$62.22	\$48.96
41	\$37.08	\$28.51	\$42.86	\$33.16	\$56.99	\$44.92	\$65.48	\$51.51
42	\$39.00	\$30.00	\$45.03	\$34.86	\$59.98	\$47.30	\$68.86	\$54.20
43	\$41.03	\$31.58	\$47.34	\$36.65	\$63.15	\$49.80	\$72.44	\$57.00
44	\$43.13	\$33.23	\$49.73	\$38.52	\$66.48	\$52.42	\$76.18	\$59.96
45	\$45.39	\$34.96	\$52.26	\$40.47	\$69.98	\$55.19	\$80.15	\$63.07
46	\$47.74	\$36.78	\$54.92	\$42.57	\$73.67	\$58.09	\$84.32	\$66.36
47	\$50.20	\$38.69	\$57.71	\$44.75	\$77.56	\$61.15	\$88.71	\$69.81
48	\$52.81	\$40.72	\$60.64	\$47.02	\$81.62	\$64.37	\$93.30	\$73.43
49	\$55.55	\$42.86	\$63.72	\$49.42	\$85.93	\$67.76	\$98.15	\$77.24
50	\$58.42	\$45.08	\$66.96	\$51.96	\$90.46	\$71.33	\$103.25	\$81.27
51	\$61.75	\$47.67	\$70.69	\$54.88	\$95.72	\$75.46	\$109.13	\$85.89
52	\$65.29	\$50.41	\$74.64	\$57.94	\$101.30	\$79.84	\$115.37	\$90.79
53	\$69.02	\$53.33	\$78.79	\$61.21	\$107.18	\$84.49	\$121.99	\$95.96
54	\$72.95	\$56.38	\$83.19	\$64.63	\$113.42	\$89.39	\$128.96	\$101.43
55	\$77.10	\$59.62	\$87.84	\$68.26	\$120.02	\$94.57	\$136.31	\$107.23
56	\$81.52	\$63.04	\$92.73	\$72.08	\$127.01	\$100.08	\$144.11	\$113.34
57	\$86.17	\$66.68	\$97.89	\$76.11	\$134.40	\$105.88	\$152.36	\$119.79
58	\$91.09	\$70.50	\$103.35	\$80.40	\$142.22	\$112.01	\$161.07	\$126.61
59	\$96.30	\$74.56	\$109.13	\$84.90	\$150.51	\$118.54	\$170.27	\$133.84
60	\$101.79	\$78.84	\$115.22	\$89.67	\$159.27	\$125.41	\$179.99	\$141.46
61	\$108.10	\$83.76	\$122.16	\$95.08	\$169.30	\$133.25	\$191.08	\$150.12
62	\$114.81	\$88.97	\$129.50	\$100.82	\$179.96	\$141.58	\$202.87	\$159.32
63	\$121.92	\$94.48	\$137.30	\$106.88	\$191.30	\$150.44	\$215.37	\$169.06
64	\$129.47	\$100.37	\$145.59	\$113.35	\$203.35	\$159.86	\$228.64	\$179.40
65	\$137.49	\$106.61	\$154.34	\$120.19	\$216.16	\$169.86	\$242.75	\$190.39
66	\$146.37	\$113.47	\$164.06	\$127.69	\$230.10	\$180.69	\$258.04	\$202.26
67	\$155.83	\$120.75	\$174.39	\$135.68	\$244.93	\$192.22	\$274.32	\$214.86
68	\$165.89	\$128.49	\$185.37	\$144.16	\$260.76	\$204.49	\$291.61	\$228.25
69	\$176.61	\$136.77	\$197.03	\$153.17	\$277.57	\$217.52	\$309.98	\$242.47
70	\$188.02	\$145.55	\$209.44	\$162.74	\$295.47	\$231.38	\$329.51	\$257.59
71	\$200.80	\$155.28	\$223.38	\$173.40	\$315.09	\$246.48	\$350.88	\$274.00
72	\$214.45	\$165.66	\$238.25	\$184.75	\$335.99	\$262.56	\$373.60	\$291.47
73	\$229.04	\$176.77	\$254.10	\$196.86	\$358.28	\$279.70	\$397.83	\$310.04
74	\$244.61	\$188.61	\$271.02	\$209.74	\$382.08	\$297.94	\$423.63	\$329.80
75	\$261.25	\$201.23	\$289.08	\$223.48	\$407.42	\$317.37	\$451.08	\$350.83
76	\$280.20	\$215.41	\$309.84	\$239.08	\$435.88	\$338.81	\$482.22	\$374.27
77	\$300.52	\$230.59	\$332.08	\$255.77	\$466.33	\$361.72	\$515.54	\$399.26
78	\$322.32	\$246.84	\$355.93	\$273.63	\$498.91	\$386.16	\$551.16	\$425.94
79	\$345.71	\$264.23	\$381.49	\$292.73	\$533.76	\$412.25	\$589.21	\$454.39
80	\$370.81	\$282.88	\$408.89	\$313.15	\$571.05	\$440.09	\$629.91	\$484.77
81	\$399.09	\$302.63	\$440.51	\$335.40	\$611.61	\$468.67	\$675.30	\$516.80
82	\$429.52	\$323.79	\$474.58	\$359.26	\$655.03	\$499.09	\$723.96	\$550.95
83	\$462.28	\$346.40	\$511.29	\$384.79	\$701.53	\$531.50	\$776.13	\$587.37
84	\$497.56	\$370.62	\$550.83	\$412.15	\$751.36	\$566.01	\$832.06	\$626.18
85	\$535.51	\$396.51	\$593.43	\$441.43	\$804.71	\$602.75	\$892.01	\$667.57
86	\$576.35	\$424.23	\$639.33	\$472.81	\$861.86	\$641.88	\$956.29	\$711.69
87	\$620.33	\$453.87	\$688.77	\$506.42	\$923.06	\$683.55	\$1,025.20	\$758.72
88	\$667.64	\$485.59	\$742.06	\$542.40	\$988.61	\$727.93	\$1,099.08	\$808.87
89	\$718.57	\$519.52	\$799.43	\$580.97	\$1,058.80	\$775.20	\$1,178.27	\$862.32
90	\$773.38	\$555.81	\$861.26	\$622.26	\$1,133.99	\$825.52	\$1,263.17	\$919.32

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Certification of Compliance/Readability
<b>Comments:</b>	Please see the attached Certification of Compliance.
<b>Attachment(s):</b>	VACERTCOMP-forms.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021

<b>Satisfied - Item:</b>	Product Checklist
<b>Comments:</b>	Please see the attached LTC Filing Checklist.
<b>Attachment(s):</b>	VA Group LTC Filing Checklist 2021-04-14.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached updated Actuarial Memorandum.
<b>Attachment(s):</b>	Group - ActMemo_Supplement_VA - 75days.pdf Group_2020_ActMemo_(SITUS_NOT_ET) - Loss Ratio - VA-75days - Updated.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/25/2022

<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached updated Rate Request Summary.
<b>Attachment(s):</b>	VA_LTC Rate Request Summary 05-05.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	05/06/2022

<b>Satisfied - Item:</b>	Group Coverage Change Form Generic-REDLINED (revised)
<b>Comments:</b>	Please see the attached Group Coverage Change Form Generic-REDLINED (revised 2022-03-25).
<b>Attachment(s):</b>	Group_CovChg Form_generic REDLINED - Copy Sentence.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	03/30/2022

<b>Satisfied - Item:</b>	VA Group Insured Letter-REDLINED (revised)
<b>Comments:</b>	Please see the attached VA Group Insured Letter-REDLINED (revised 2022-05-02).
<b>Attachment(s):</b>	VA_Group Insured Letter REDLINED.pdf
<b>Item Status:</b>	Received & Acknowledged

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

<b>Status Date:</b>	05/06/2022
<b>Satisfied - Item:</b>	Explanation of Variables and REDLINED Copies
<b>Comments:</b>	Please see the attached Explanation of Variables and REDLINED Copies-Coverage Change Form and Insured Letter (updated 2022-03-25).
<b>Attachment(s):</b>	EOV_Group_CovChg Form _generic REDLINED.pdf EOV_Group_CovChg Form _generic.pdf EOV_Group Insured Letter_Virginia.pdf EOV_Group Insured Letter_Virginia REDLINED.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	03/30/2022
<b>Satisfied - Item:</b>	Filing Letter
<b>Comments:</b>	Please see the attached copy of the Filing Letter also located under the Filing description.
<b>Attachment(s):</b>	Filing Letter A-Approval States with Sitused Groups_2020.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021
<b>Satisfied - Item:</b>	IB_VA_Group_Exhibits for Objection Response
<b>Comments:</b>	Please see the attached IB_VA_Group_Exhibits for Objection Response.
<b>Attachment(s):</b>	IB_VA_Group_Exhibits for Objection Response.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021
<b>Satisfied - Item:</b>	VA Approved group policy/certificate
<b>Comments:</b>	Please see the attached evidence of VA Approved group policy/certificate .
<b>Attachment(s):</b>	GLTC199 Cert approved 10-14-99.pdf VA Group policy GLTC2798 _cert -appr 5-20-1998.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021
<b>Satisfied - Item:</b>	Objection Response 2021-09-14
<b>Comments:</b>	Please see the attached Objection Response 2021-09-14.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2021-08-27 (META-132957076)-Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021
<b>Satisfied - Item:</b>	Group VA Projection with 25% Higher Lapse

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

<b>Comments:</b>	Please see the attached Group VA Projection with 25% Higher Lapse.
<b>Attachment(s):</b>	Group VA Projection with 25% Higher Lapse.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021

<b>Satisfied - Item:</b>	If-Knew Blended and PPV Calculations
<b>Comments:</b>	Please see the attached If-Knew Blended and PPV Calculations.
<b>Attachment(s):</b>	If-Knew Blended and PPV Calculations.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021

<b>Satisfied - Item:</b>	Attachment 7 Group 11-2021
<b>Comments:</b>	Please see the attached Attachment 7 Group 11-2021.
<b>Attachment(s):</b>	Attachment 7 Group 11-2021.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021

<b>Satisfied - Item:</b>	Objection Response 2021-11-02
<b>Comments:</b>	Please see the attached Objection Response 2021-11-02.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2021-09-30 (META-132957076) - Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2021

<b>Satisfied - Item:</b>	Objection Response 2021-11-29
<b>Comments:</b>	Please see the attached Objection Response 2021-11-29.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2021-11-29 (META-132957076)-Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/25/2022

<b>Satisfied - Item:</b>	Company Objection Response 2021-12-22
<b>Comments:</b>	Please see the attached Company Objection Response 2021-12-22.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection Response 2021-12-20.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/25/2022

<b>Satisfied - Item:</b>	Actuarial Objection Response 2021-12-22
<b>Comments:</b>	Please see the attached Actuarial Objection Response 2021-12-22.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified		
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing		
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings		

<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2021-11-30 (META-132957076) - Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/25/2022

<b>Satisfied - Item:</b>	Objection Response 2022-01-26
<b>Comments:</b>	Please see the attached Objection Response 2022-01-26.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2022-1-26 (META-132957076) - Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/25/2022

<b>Satisfied - Item:</b>	Coverage Change Form and Insured Letter-John Doe
<b>Comments:</b>	Please see the attached John Doe Copies of the Coverage Change Form and Insured Letter. (revised 2022-05-02)
<b>Attachment(s):</b>	Group_CovChg Form_generic John Doe - Copy Sentence.pdf VA_Group Insured Letter John Doe.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	05/06/2022

<b>Satisfied - Item:</b>	Objection Response 2022-02-24
<b>Comments:</b>	Please see the attached Objection Response 2022-02-24.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2022-2-24 (META-132957076) - Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	03/30/2022

<b>Satisfied - Item:</b>	Objection Response 2022-03-25
<b>Comments:</b>	Please see the attached Objection Response 2022-03-27.
<b>Attachment(s):</b>	VA CT21-83 Group (Pre-Rate) Objection 2022-3-27 (META-132957076) - Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	03/30/2022

<b>SERFF Tracking #:</b>	META-132957076	<b>State Tracking #:</b>	META-132957076	<b>Company Tracking #:</b>	CT21-83 GROUP (PRE-RATE) CS
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03G Group Long Term Care/LTC03G.001 Qualified				
<b>Product Name:</b>	Group Long-Term Care Insurance Premium Rate Schedule Increase Filing				
<b>Project Name/Number:</b>	2021 Rate Increase Filings /CT21-83 Group Rate Filings				

***Attachment IB\_VA\_Group\_Exhibits for Objection Response.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Attachment 7 Group 11-2021.xlsx is not a PDF document and cannot be reproduced here.***





Metropolitan Life Insurance Company  
NAIC Company Number: 65978  
NAIC Group Number: 241

### **VIRGINIA CERTIFICATION OF COMPLIANCE**

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

A handwritten signature in blue ink, appearing to read 'J. E. Trend'.

Date: August 23, 2021

Jonathan E. Trend  
Senior Vice President, Long-Term Care

Review Requirements Checklist  
GROUP LONG-TERM CARE INSURANCE (GLTCI) (FORMS)

**NOTICE:** This checklist must be completed in its entirety and included with each submitted form. Failure to provide a completed checklist will result in a delay of the review of the submission and may result in rejection of the filing.

This document is intended to assist carriers in preparing form filings for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that submitted forms comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are paraphrased. Please review the applicable citation for the full text of the requirement.

You can find out more about related laws, rules and orders from the [Administration of Insurance Regulation section](#) of our site.

The Forms and Rates Section of the Life and Health Division will review submissions based on the requirements noted in this checklist. Please contact this Section at (804) 371-9532 if you have questions or need additional information about these requirements.

Company Name:	Metropolitan Life Insurance Company
Third Party Filer:	
SERFF Tracking Number:	
Form Number(s):	GPNP99-LTC, G.LTC2798

Review Requirements Checklist  
GROUP LONG-TERM CARE INSURANCE (GLTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
<b>General Filing Requirements</b>			
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF or submitted in writing to the Commission. If filed by a Third-party, filing authorization must be included.	X
Filing Description	14 VAC 5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; intentions to concentrate on a specialized market should be noted.	x
	14 VAC 5-101-50 C 2	Filing description must include the form number of each form that is being filed.	x
	14 VAC 5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form and the exact changes that are intended.	x
	14 VAC 5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	X
	14 VAC 5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	X
	14 VAC 5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	x
	14 VAC 5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	x
<b>HELP TIP:</b>		If a form filing is submitted as new in Virginia, but was previously disapproved, withdrawn, or rejected in Virginia, please provide details such as the SERFF or State tracking information, form number, and the date that the form filing was disapproved, withdrawn, or rejected if available.	N/A
<b>Forms</b>			
Form Number	14 VAC 5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	x
Company Name and Address	14 VAC 5-101-60 2	The full licensed name of the company, including the address of the home office, shall appear in prominent print at the top of the cover page of any policy, application, or enrollment form. The full licensed name of the company shall appear in prominent print on all other forms.	x

Review Requirements Checklist  
GROUP LONG-TERM CARE INSURANCE (GLTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
Marketing Name or Logo	14 VAC 5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the filing company.	X
	14 VAC 5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy, if different from the home office, a company telephone number, and company website address.	N/A
Final Form – John Doe	14 VAC 5-101-60 5	Form must be submitted in “final form” and in “John Doe fashion” to indicate its intended use.	X
Electronic Version	14 VAC 5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	X
Readability	14 VAC 5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, printed in a legible format and understandable to a person of average intelligence without special insurance knowledge or training.	x
	14 VAC 5-101-70 B	A policy of more than three pages shall include a table of contents listing the principal sections and provisions and the pages on which they are found.	N/A
	14 VAC 5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	N/A
	14 VAC 5-101-70 D	A policy shall be divided into logically arranged sections with an appropriately named caption or heading for ease in locating desired content. Captions and headings shall be clearly set apart from the general text.	N/A
Type size	14 VAC 5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	X
	14 VAC 5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	x
Variability	14 VAC 5-101-80	Use of variable bracketed information shall be limited. Use of brackets within brackets is not permitted. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form. Additional guidance is attached to SERFF General Instructions.	x

Review Requirements Checklist  
GROUP LONG-TERM CARE INSURANCE (GLTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
Certificate of Compliance	14 VAC 5-101-110	Each form filing shall contain a Certificate of Compliance signed by an officer of the company certifying the Flesch reading ease score of at least 50; that a review of the form has been conducted and is consistent and complies with the requirements of Title 38.2 and applicable rules and regulations; and a statement that failure to comply with these requirements will result in disapproval of the filing.	X
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language in <b>bold print</b> .	x
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.	x
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.	X
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Code of Virginia does not define "Insurance Fraud". Any fraud notice that includes the term "insurance fraud" is not in compliance with this section of the Code. In Virginia, a fraud notice relating to life insurance, annuities, accident and sickness, health maintenance organizations, health services plans, credit accident and sickness and credit life insurance should not include references to imprisonment or fines. Variations in a notice warning of consequences of making fraudulent statements will be considered.	X
30-Day Free Look	§ 38.2-5208		N/A
<b>General Policy Provisions</b>			
Contents of Policies	§ 38.2-305 A	Each policy/contract shall specify the: (1) The names of the parties to the contract, (2) The subject of the insurance, (3) The risk insured against, (4) The time the insurance takes effect, and the period during which the insurance is to continue, (5) The conditions pertaining to insurance.	N/A
Important Notice	§ 38.2-305 B	Each new or renewal policy/contract/certificate/evidence of coverage shall be accompanied by an important notice as stated in the statute.	N/A
Grace Period	§ 38.2-3527	Each policy shall contain a provision that the policyholder is entitled to a grace period of not less than 31 days for the payment of any premium due, except for the first premium.	N/A

Review Requirements Checklist  
GROUP LONG-TERM CARE INSURANCE (GLTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
Entire Contract	§ 38.2-3529	Each policy shall contain a provision that the policy, any application of the policyowner, and any individual applications of the persons insured shall constitute the entire contract between the parties. It shall state that a copy of the application of the policyowner shall be attached to policy when issued, that all statements made by the policyowner and insured shall be deemed representations and not warranties and that no written statement made by any person insured shall be used in any contest unless a copy of the statement is furnished to the person, his beneficiary or personal representative.	N/A
Misstatement of Age	§ 38.2-3532	Each policy shall contain a provision that an equitable adjustment of premiums, benefits, or both, shall be made if the age of a person insured has been misstated.	N/A
Individual Certificates	§ 38.2-3533	Each policy shall contain a provision that the insurer will issue to the policyholder for delivery to each person insured a certificate of insurance.	N/A
Notice of Claim	§ 38.2-3534	Each policy shall contain a provision that written notice of claim shall be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy.	N/A
Claim Forms	§ 38.2-3535	Each policy shall contain a provision that the insurer shall furnish forms for filing proof of loss within 15 days after the insurer has received notice of any claim.	N/A
Proof of Loss	§ 38.2-3536	Each policy shall contain a provision that written proof of loss shall be furnished to the insurer within 90 days after the date of loss.	N/A
Time Payment of Claims	§ 38.2-3537	Each policy shall contain a provision that all benefits payable under the policy other than benefits for a loss of time shall be payable within 60 days after receipt of proof of loss.	N/A
Payment of Claims	§ 38.2-3538	Each policy shall contain a provision that benefits for loss of life of the person insured shall be payable to the beneficiary designated by the person insured. If policy contains family status conditions, beneficiary may be the family member specified by the policy.	N/A
Physical Examinations and Autopsy	§ 38.2-3539	Each policy shall contain a provision that the insurer shall have the right to examine the policy for whom a claim is made, when and as often as it may reasonably require during the pendency of a claim or make an autopsy where it is not prohibited by law.	N/A

Review Requirements Checklist  
GROUP LONG-TERM CARE INSURANCE (GLTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
Legal Actions	§ 38.2-3540	Each policy shall contain a provision that no action at law or in equity shall be brought to recover on a policy within 60 days after proof of loss has been filed in accordance with policy requirements and that no such action shall be brought after the expiration of 3 years from the time that proof of loss was required to be filed.	N/A
Claims Experience (Applies to employer groups only)	§ 38.2-3540.1	Each policy shall contain a provision that a complete record of the policyholders' claim experience shall be provided, upon request. This record shall be made available not less than 30 days prior to the date upon which premiums or contractual terms of policy may be amended.	N/A
Termination Notice	§ 38.2-3542	Written notice of termination must be provided to certain employers prior to termination of coverage.	N/A
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.	N/A
Continuation or Conversion	14 VAC 5-200-60 D	Mandatory except for reasons stated.	N/A
Discontinuance and Replacement	14 VAC 5-200-60 E	Coverage and premium requirements under the replacement policy.	N/A
Unintentional Lapse	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.	N/A
Reinstatement	14 VAC 5-200-65 B	Reinstatement in the event of lapse if due to cognitive impairment or had a loss of functional capacity.	N/A
<b>Prohibited Provisions</b>			
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.	N/A
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.	N/A
Workers' Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.	N/A
Prohibited Provisions	§ 38.2-5203	Specified prohibited provisions.	N/A
Prior Institutionalization	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.	N/A
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.	N/A
Replacement Prohibitions	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.	N/A

Review Requirements Checklist  
GROUP LONG-TERM CARE INSURANCE (GLTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
<b>LTC Policy Requirements</b>			
Rates	§ 38.2-316	Rates must be filed.	x
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.	N/A
Policy Definitions	§ 38.2-5200 14 VAC 5-200-50	Certain terms defined.	N/A
Preexisting Conditions	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.	N/A
Preexisting Condition Limitations	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included and labeled as "Preexisting Condition Limitations".	N/A
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.	N/A
Nonforfeiture Benefit Requirement	§ 38.2-5210 14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.	N/A
Filing of Rates Actuarial Memorandum	14 VAC 5-130-60 A and 14 VAC 5-130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.	x
Definitions	14 VAC 5-200-40		
Limitations and Exclusions	14 VAC 5-200-60 B		
Extension of Benefits	14 VAC 5-200-60 C		
Usual, Customary, and Reasonable Language	14 VAC 5-200-70 C	The term must be defined if benefits are based on usual, reasonable and customary charges.	N/A
Required to Offer Inflation Protection	14 VAC 5-200-100 A		N/A
Policy Issued Out-of-State Covering Residents of VA	14 VAC 5-200-155	Must submit proof that the group policy or certificate has been approved by a state having statutory or regulatory long-term insurance requirements similar to those in VA.	N/A
LTC Personal Worksheet	14 VAC 5-200-175 C 2	Must be in no less than 12-point type and include the information and in the form as shown in Form B.	N/A
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the certificateholder to reduce coverage and lower the premium.	N/A
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.	N/A



Review Requirements Checklist  
GROUP LONG-TERM CARE INSURANCE (GLTCI) (FORMS)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	PG #
<b>Disclosures</b>			
Outline of Coverage	§ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.	N/A
Master Policy Governs	§ 38.2-5207 2 c	Statement that group master policy should be consulted to determine governing contractual provisions.	N/A
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.	N/A
Applies to policies where premiums can be revised	14 VAC 5-200-70 A 2	The policy shall include a clear and prominent statement in bold type and all capital letters that the premium rates may be increased.	N/A
Tax-qualified LTCI	§ 38.2-5207 4 14 VAC 5-200-70 H	Prominent disclosure identifying a certificate is a qualified long-term care insurance policy/certificate or a federally tax-qualified long-term care insurance contract.	N/A
Non-tax-qualified LTCI	14 VAC 5-200-70 I	A non-tax-qualified plan must disclose that the policy is not intended to be a qualified long-term care insurance contract.	N/A
Notice of Premium Rate Increase	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 75 days prior to implementation of premium rate schedule.	x
<b>Rates</b>	§ 38.2-316		
		Complete one of the following checklists as indicated:	
		FOR NEW LONG-TERM CARE INSURANCE (LTCI) RATES	
		FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES	x

Review Requirements Checklist  
GROUP LONG-TERM CARE INSURANCE (GLTCI) (FORMS)

I hereby certify that I have reviewed the attached group long-term care insurance (GLTCI) (FORMS) filing and determined that it is in compliance with the group long-term care insurance (GLTCI) (FORMS) checklist.

Signed: \_\_\_\_\_

Name (please print): Gina Jisonna

Company Name: Metropolitan Life Insurance Company

Date: 8/23/2021 Phone No: ( ) 860-656-3908 FAX No: ( ) \_\_\_\_\_

E-Mail Address: gjisonna@metlife.com

# **METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

## **Supplement to the Actuarial Memorandum**

**September 10, 2021**

### **1. Purpose of Filing**

This supplement has been prepared for the purpose of providing additional information that may be helpful to the reviewer and may not be suitable for other purposes.

### **2. Compliance with 14VAC5-200-150**

In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued before October 1, 2003, the effective date of the rate stabilization rule for this state. We are demonstrating compliance with the 60% loss ratio requirement (see Exhibit I-A and I-B) and with the new standard for Pre-Rate Stability policies under this section that became effective on September 1, 2015 (see Exhibit II-A and II-B).

### **3. Compliance with 14VAC5-130-70**

We believe all information required has been provided in this filing. Attachment 5 provides the incurred loss ratios including active life reserves where available.

### **4. Nationwide and Virginia Specific Experience/Projections**

Attachment 9-A and 9-B provide *Nationwide* and *Virginia* specific experience and projections respectively. As required by 14VAC5-200-153-C4, these attachments use an interest rate consistent with that assumed in the determination of premiums (i.e., 6.0%).

### **5. Justification for Actuarial Assumptions**

Recent experience studies based on MetLife's own data have led to material changes in assumptions about key parameters including lapse, mortality, claims incidence and claims severity.

The study period was inception through December 31, 2019.

In general, the best-estimate for each assumption was determined based on the actual experience of each block of business. For certain items wherein experience was not deemed fully credible or where values of key parameters have or will change in the future, past experience is supplemented with judgment including the experience on other blocks. This is detailed for each assumption below.

#### **Voluntary Lapse Rates**

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New York, NY

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The models used for valuation and projections rely on voluntary lapse assumptions that exclude policyholder behavior influenced by rate action. In order to understand the underlying lapse rates more accurately, lapses identified as “shock” lapses as well as the related exposures were removed.

The only way to identify a shock lapse precisely is to survey every policyholder as to the reason(s) for lapsation. Instead, the analysis removed the experience period during which the policies were subject to shock lapse, defined as the time between the rate action notice mailing date and the rate action effective date (plus 120 days to reflect any processing delays). Both the exposures and lapses that fall within these periods were excluded from the Study. We believe the approach and related modeling assumptions to be reasonable.

Policy terminations due to benefit exhaustion (policies whose maximum benefits have been fully exhausted) and limited-pay policies were identified and removed. Policies lapsing into non-forfeiture other than due to rate action are counted as a lapse. Exposures to lapsation are removed when policies can no longer lapse.

Duration	Issue Age					
	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	over 59
1	15.6%	10.2%	7.6%	6.5%	6.1%	3.3%
2	12.3%	7.6%	5.8%	4.7%	3.9%	2.9%
3	10.0%	7.3%	5.4%	4.9%	3.7%	2.2%
4	7.9%	5.7%	4.1%	3.5%	2.9%	2.0%
5	7.1%	5.1%	3.8%	3.3%	2.6%	1.5%
6	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%
7	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%
8	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
9	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
10	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
11	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
12	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
*13+	1.8%	1.3%	1.0%	0.8%	0.7%	0.7%

\*After duration 13, grade down to 0.7% by attained age 65 where applicable

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### Select and Ultimate Mortality Rates

The ultimate mortality experience is 97% of the Annuity 2000 Basic Table. In general, multiples of this table fit well to experience. The ultimate duration is twenty years. The mortality experience was calculated by both issue age and policy duration groupings. However, because of insignificant variation, the mortality assumption does not vary by issue age. Certain forms deemed to have similar characteristics were combined for reasons of credibility and to aid in the determination of the ultimate mortality rate.

### Mortality Selection Factors

Policy Year	Factor
1	55%
2	65%
3	70%
4	71%
5	76%
6	77%
7	78%
8	78%
9	80%
10	80%
11	80%
12	80%
13	82%
14	82%
15	82%
16	84%
17	90%
18	90%
19	94%
20+	100%

### Morbidity Selection Period and Factors

The analysis presumed that the measurable effects of underwriting eventually wore off such that the ultimate incidence rates would converge to an attained age scale rather than continue based on issue age and duration.

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The calculation compared incidence rates for various policy durations at the same attained age points. Using this method, it is expected that later durations should always have higher incidence rates than earlier durations for a given attained age until selection has worn off at which point one should not be able to differentiate incidence rates by duration.

The Table below summarizes the findings.

### Morbidity Selection Factors

Policy Year	Factor
1	58%
2	59%
3	83%
4+	100%

### Ultimate Incidence Rates

The Raw ultimate attained age incidence rates were calculated separately for each gender, site of care and block of business.

For each block, gender and care path, curves are fitted to the data taking into account the fit at key attained age bands as well as overall fit. The general form of the curve is:

For  $x \leq X_{min}$

$$Incid^x = Incid_{Exp}^x + Bx + C$$

where

$$Incid_{Exp}^x = Incid_{Exp}^{x-1} * P_L$$

For  $x > X_{min}$

$$Incid^x = Incid_{Exp}^x + Bx + C$$

where

$$Incid_{Exp}^x = Incid_{Exp}^{x-1} * P_H * (1 - Increment * (x - X_{min}))$$

where

$Incid^x$  = Formula incidence rate attained age x

$Incid_{Exp}^x$  = Exponential component of incidence rate attained age x

$P_L, P_H$  = the exponential change in incidence rates (L="Low", H="High")

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$X_{min}$	= age at which the rate of change in incidence rates increases more rapidly to a higher level
$A, B$	= the coefficients of the exponential and linear terms
$C$	= constant
$Increment$	= constant rate at which the $P_H$ gradually decreases in effect

Data and methodology changes have made or been updated from last year as follows:

Data from the last 10 calendar years through December 31, 2018 were included in the curve fitting exercise (past studies have used full history data). Full history, 10 year, and 5 year periods were examined. Although the results were reasonably consistent, a 10 year period was selected:

- The latest 10 years of data were provided sufficient credibility to study results. Full history data added little or no additional value as the most important data surrounded attained ages 80+, virtually all of which is included in the most recent 10 year period.
- The 5 year data period yielded a smaller, less credible set of data. In addition, the IBNR component included in final incidence rates was considered too large a portion of rates relative to the portion developed from actual claim data.
- The 10 year data period represented the best balance between sufficiency of data and recency of data. Claim data from the earliest years of long term care may be less relevant in developing projections of future rates.

IBNR methodology was refined and used actual claim lag data to create IBNR factors applied to claim counts from specific calendar years:

1. Actual claim data for LTC isolated ultimate claim counts (those well past any IBNR calendar period).
2. Ratios were developed of ultimate claim counts over initial claim counts. These ratios compare the number of ultimate claims in a period with those that were initially known, thereby “developing” full claim counts by period. These ratios were calculated and applied to the claim counts by period for the last 3 periods.
3. The total number of IBNR claims for the 3 periods was summed and divided by the total reported claims for the 10 year period. The resulting percentage was rounded up to the nearest one-tenth of one percent.
4. The IBNR factor derived was applied equally across all incidence rates.

Due to data paucity, curve generated incidence rates were combined with existing historical tabular incidence rate data at extreme ages. From attained ages 91 to 100, curve rates were blended using linear weights (10% curve, 90% tabular at age 91, etc.). In the

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2019 Study, curve rates were blended into existing historical rates from ages 86-90. This change was possible using the additional data available in this year's data update.

Historical/tabular rates at extreme ages were the same as in the prior years but adjusted for small amounts of morbidity improvement to coincide with the average exposure year of the curve-generated rates. In earlier studies, full history claim data were used. The tabular rates are consistent with earlier historical periods of Long-Term Care data. In this study, the data period was shortened to the latest 10 years, creating a potential mismatch between the period of study for the tabular rates and the curve generated rates. An average exposure date was calculated for the longer data history and for the recent 10 year period. Morbidity improvement was applied (0.5%/year) to the tabular data for the difference in average exposure dates, essentially bringing the tabular rates forward to the same date as the that used in the curve generation.

In the 2019 Study, a 5% load was added to incidence rates for attained ages 90+. The load was removed in this Study due to the additional data available in this year's data update.

### Continuance

Consistent with the prior studies, the AARP-Pru block remains separate as enough data exist to credibly separate the block from all other blocks. None of the other blocks are credible on their own and were combined for analysis.

In this and prior studies, claim termination rates were examined separately for deaths and recoveries. However, rates were later recombined into a total termination rate to produce the continuance curves for systems formatting requirements.

The termination curves follow the same curve structure as the last Study. Termination curves were created and updated separately for (1) deaths versus recoveries, (2) gender, and (3) care path using the exponential curve:

$$Y = AP^t + Bmin(t, a) + C$$

where

$A, B$  = the coefficients of the exponential and linear terms

$P$  = exponential rate of change in termination rates

$t$  = withdrawal duration

$a$  = maximum duration for linear component

$C$  = constant



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The parameters were examined to identify the curve that best fit the historical experience on an overall A/E basis with reference to the fit at a variety of attained age bands.

Appendix F details the A/E results using the 2020 best estimate claim termination rates. As noted above, the death and recovery components are then recombined into a single termination table for modeling purposes.

As in prior studies, the elimination period (waiting period) can affect the determination of the early continuance probabilities. Claim durations are calculated based on the admission date, but the contribution to exposure only begins with the first service date. Therefore, no contribution is made to the terminations or exposures during the elimination period. See the Exposure Subsection and Calculation Subsection for more detail on the calculation of early continuance probabilities and the concomitant relationship with incidence rates.

Furthermore, experience data for claim terminations are insufficient in longer claim durations. Typically, if a claim sustains beyond 12 months, the chance of recovery becomes very small and deaths become the predominant component of claim terminations. Even then, credibility for deaths extending beyond 48 months is not sufficient. For this reason, the death rates after these periods are calculated based on percentages of the 1983 GAM mortality table, with a 24-month grade-in period using exponential function. Appendix K provides details on the derivations of these rates.

### Utilization (Salvage)

This study defines utilization as the ratio of actual benefit dollars paid to the maximum benefit dollars payable under the provisions of the policy while on claim. This definition includes the reduction in benefits paid due to a) reimbursement of actual daily expenses incurred which are less than the maximum daily benefit amount (DBA) and b) reimbursement of expenses incurred only on days services are received. Note that this is consistent with the development of the continuance tables which represent calendar days rather than service days.

Note that while utilization rates under one hundred percent result in an immediate cost reduction, the lifetime pool of benefit dollars is not reduced. Effectively, this lengthens the benefit period which offsets some of the savings.

The results were analyzed for Facility Care and Home Care separately. Again, certain forms were combined for reasons of credibility. The facility care utilization factor is 70% and the home care utilization factor is 60%.

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### Credibility of Results

With over 11.1 million life years of exposure and 70,000 claims, 144,000 deaths and 328,000 lapses, the overall results are credible. However, at the cellular level, there are many points that are not credible. The level of credibility is a matter of judgment. The detailed credibility analyses performed in the past were not re-examined this year as material changes were not anticipated.

Classic credibility theory calls for the weighting of experience with a priori estimates. For this business, however, there is a paucity of reliable public data from which to create a priori estimates. Further, what data are available do not meet the requirements set forth in Section 3.3 of ASOP 25<sup>1</sup> (the Standard).

The estimates provided in this report are based on actual experience even where the credibility of this experience is low. Where the experience is exceedingly low or non-existent, the estimates are based on informed actuarial judgment in compliance with Section 3.4 of the Standard. While the choice of data segmentation contributed to the lack of credibility, it was necessary to comply with Section 3.5 of the Standard.

The recommendations throughout this report to use prior results are in compliance with Section 3.2.d of the Standard. Where no changes are recommended, the differences between the current experience and the prior experience are generally within the expectation due to random noise.

## **6. Reserve Basis**

The active life reserve is equal to the present value of future incurred benefits minus the present value of future valuation premium. The valuation premium is calculated using a one-Year Full Preliminary Term Methodology. The valuation interest rate is consistent with the interest rate applicable for similar whole life insurance policies. The mortality table used for valuation is 2000 Basic or 94 GAM table depending on the year of issue.

The claim reserve is equal to the present value of the future benefits for claims incurred prior to the valuation date. The valuation interest rate is equal to or less than the whole life valuation rate in effect on the date the claim was incurred.

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<sup>1</sup> Actuarial Standard of Practice No. 25 "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages" Developed by the Casualty and Health Committees of the Actuarial Standards Board and Adopted by the Actuarial Standards Board October, 1996.

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**September 10, 2021**

### **7. Comparison to Original Pricing Assumptions**

There have been no prior rate increases on these forms. Attachment 1 provides a comparison of original pricing assumptions to the current assumptions.

### **8. Original Pricing and Current Lifetime Loss Ratios**

The lifetime loss ratio anticipated in the original filings was 73%. The current projected loss ratio is 88.9% before the current requested rate increase.

### **9. Restated Loss Ratio with Rate Increase Applied Historically**

Attachments 6-A and 6-B provide *Nationwide* and *Virginia* specific experience and projections, respectively, including the lifetime loss ratio, with the historical experience restated to what it would have been if the proposed premium had been charged since inception. As required by 14VAC5-200-153-C4, Attachments 6-A and 6-B use an interest rate consistent with that assumed in the determination of premiums (i.e. 6.0%).

### **10. Original Interest Rate**

The original pricing interest rate was 6.0%. Attachment 9-A and 9-B provide nationwide and Virginia specific experience and projections using 6.0% as the discount rate. Exhibit I-A and I-B provide nationwide and Virginia specific experience and projections using 4.47%, the weighted average maximum valuation interest rate for contract reserves, as the discount rate.

### **11. Rate Increase Assumptions versus Cash Flow Testing Assumptions**

Other than interest rate, the assumptions used in the rate increase projections are no more conservative than used in last year's asset adequacy testing.

### **12. Conservatism in Assumptions**

With the exception of the discount rate which is shown at various levels, all assumptions reflect best estimates and contain no conservatism.

### **13. Policyholder Options**

After we have obtained approval of the premium rate increase, this rate increase will become effective following at least a 75-day advance written notification to the policyholder per 14VAC5-200-75 5. D. In our written notification we will explain that:

- the policyholder can continue his/her current coverage by paying the new premium amount when due;
- the policyholder can reduce his/her coverage to lessen the impact of the premium rate schedule if the current level of coverage permits a reduction; or
- if the policyholder's coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), then the policyholder will have nonforfeiture coverage as follows:
  - if the policyholder's coverage does not include a nonforfeiture coverage rider, or includes a nonforfeiture coverage rider that provides benefits less than the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), we will issue the policyholder the LCUL;
  - if the policyholder qualifies for coverage under Contingent Benefits Upon Lapse, we will instead provide coverage under the LCUL, since the benefit payable under the LCUL is equal to the benefit payable under Contingent Benefits Upon Lapse;
  - if the policyholder's coverage includes a nonforfeiture coverage rider that provides benefits equal to the LCUL, we will provide coverage under the nonforfeiture coverage rider;

We will not provide coverage under more than one feature that provides for a nonforfeiture benefit.

# **METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

## **Actuarial Memorandum**

**February 24, 2022**

This actuarial memorandum pertains to long-term care insurance provided under group policies issued to cover eligible employees of an employer, and at the option of the employer, retirees and/or family members of eligible employees who meet eligibility requirements.

### **Policy Forms**

The premium rate schedule increase for which we are seeking approval will apply to the following group long-term care insurance policy forms:

- GPNP99-LTC approved by your Department and certificates issued thereunder
- G.LTC2798 approved by your Department and certificates issued thereunder

In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued before October 1, 2003, the effective date of the rate stabilization rule for this state.

### **1. Purpose of Filing**

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes.

### **2. Description of Benefits**

The group policy forms listed above provide either comprehensive or facilities only coverage. Benefits under the group long-term care policies are payable if an insured is unable to perform a certain number of activities of daily living or suffers cognitive impairment in accordance with the applicable terms and conditions of the group policy. There are optional benefits, including, but not limited to, nonforfeiture and inflation protection.

### **3. Renewability**

These policy forms are guaranteed renewable for life.

### **4. Applicability**

This filing is applicable to inforce group long-term care insurance policies issued for delivery (situated) in your state before December 31, 2013.

In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective before October 1, 2003, the effective date of the rate stabilization rule for this state.

# METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

## Actuarial Memorandum

February 24, 2022

For certificates issued under group long-term care insurance policies situated in your state, *except those certificates issued to residents of other states whose requirements are asserted to apply to rate increases for certificates issued in such other states regardless of group policy situs*, we will only implement the premium rate schedule increase after we have received approval from your Department. As to certificates issued in any such other state, we will implement the increase approved by that state, whether it is higher or lower than the increase that your state approved for certificates issued under group policies situated in your state.

Please note that for certificateholders who were issued certificates in your state under a group long-term care insurance policy situated in another state, we will implement their increases after we've satisfied any requirements for the premium rate schedule increase of the situs state of their group policy (including obtaining approval, if required) without regard to your review of this filing.

These forms are not currently being marketed to new group policyholders.

### 5. Actuarial Assumptions

- a. Expected Claim Costs are the product of attained age frequency rates and continuance curves, adjusted by utilization factors and underwriting selection factors based on actual experience through June 30, 2019.
- b. Voluntary Termination Rates vary by issue age and duration as developed from actual experience through June 30, 2019 and are shown in the following table:

Duration	Issue Age					
	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	over 59
1	15.6%	10.2%	7.6%	6.5%	6.1%	3.3%
2	12.3%	7.6%	5.8%	4.7%	3.9%	2.9%
3	10.0%	7.3%	5.4%	4.9%	3.7%	2.2%
4	7.9%	5.7%	4.1%	3.5%	2.9%	2.0%
5	7.1%	5.1%	3.8%	3.3%	2.6%	1.5%
6	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%
7	5.0%	3.4%	3.1%	2.3%	2.1%	1.4%
8	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
9	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
10	4.0%	2.6%	2.4%	2.1%	1.3%	1.3%
11	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
12	4.4%	2.6%	2.0%	0.9%	1.0%	1.0%
*13+	1.8%	1.3%	1.0%	0.8%	0.7%	0.7%

\*After duration 13, grade down to 0.7% by attained age 65 where applicable

# **METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

## **Actuarial Memorandum**

**February 24, 2022**

In the year of rate increase implementation, it is assumed that an additional 0.9% of policies lapse and there is no net reduction to premiums and benefits due to benefit downgrades. There is no adverse selection assumed due to the additional lapse rates.

- c. Mortality 97% of Annuity 2000 Basic Table with selection consistent with experience.
- d. Expenses Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

The above assumptions are based on actual inforce experience of MetLife and are deemed reasonable for these particular policy forms. The assumptions used in this filing were developed from the actual experience on these forms and supplemented, as needed, based on the experience of other forms.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

### **6. Marketing Method**

These policy forms were issued to provide coverage to eligible employees and retirees pursuant to an employer's sponsored benefits package. Family members of eligible employees and retirees were also eligible. The typical marketing methods utilize direct mail and call center support.

### **7. Underwriting Description**

Several underwriting methods were used. These include Guaranteed Issue, Simplified Issue, and Full Underwriting. Guaranteed Issue applies only to those eligible employees who are actively at work. For those insureds that were not eligible for Guaranteed Issue, underwriting was performed by means of questions, including medical questions, and contacting health care providers for medical records as needed.

### **8. Premiums**

Premium rates are level premiums from the date of issue, while payable, except when Periodic or Optional Inflation Additions are taken. The rates for each group policy reflect the specific group's risk profile. Premiums vary by the age of the insured at issue, the plan design and payment mode/method.

### **9. Issue Age Range**

The minimum issue age for these forms was 18.

### **10. Area Factors**

Area factors are not used for this product.

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### **11. Reserves**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2019 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2019 have been allocated to a calendar year of incurral and included in historical incurred claims.

### **12. Trend Assumptions**

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

### **13. Past and Future Policy Experience**

Nationwide and Virginia experience for all policy forms combined is shown in Exhibit I-A and I-B. Exhibit I-A normalizes the premium from all states to reflect the prior rate action approved by Virginia rather than the prior rate action approved by other states. While the financial projections in Exhibit I include tax-qualified policy forms and other non-tax-qualified policy forms that were issued prior to the enactment of the Health Insurance Portability and Accountability Act (HIPAA), we are currently only requesting a rate increase on the tax-qualified policy forms listed above.

Historical experience is shown by claim incurral year. Claim payments and reserves were discounted to the mid-point of the year of incurral at the weighted average maximum valuation interest rate for contract reserves which is 4.47%. Incurred but not reported reserves were allocated based on a historical analysis of claim development pattern.

Annual loss ratios are calculated, with and without interest, as incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2019 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the weighted average maximum valuation interest rate for contract reserves, which is 4.47%.

### **14. Projected Earned Premiums and Incurred Claims**

Earned premiums for projection years 2020 through 2099 are developed by multiplying each prior period's earned premium (starting with December 31, 2019 actual earned premium) by a persistency factor. For a year in which the rate increase is effective, the earned premium prior to the increase is multiplied by 1 plus the rate increase percent and an effectiveness factor.

Each projection year claim amount is calculated by multiplying incidence, continuance and utilization factors by the policy and rider benefits on a seriatim basis.



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Present and accumulated values in the lifetime projections in Exhibit I-A and I-B are determined at the average maximum valuation interest rate for contract reserves applicable to LTC business issued in the years in which the applicable business of this filing was issued. The maximum valuation interest rate averages 4.47%.

The assumptions used in the projections in Exhibit I-A and I-B are developed from the company's LTC insurance experience.

### **15. History of Previous Inforce Rate Increases**

<b>Round</b>	<b>Authorized %</b>	<b>Authorization Date</b>	<b>Implementation Date</b>
1	39.00%	11/21/2019	6/1/2020

The experience and projections in Exhibit I-A have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

### **16. Requested Rate Increase**

The company is requesting an increase of 11.43% for the policy forms listed above. In accordance with Virginia requirements, this premium rate schedule increase will only apply to certificates issued under group policies effective before October 1, 2003, the effective date of the rate stabilization rule for this state.

Corresponding rate tables reflecting the increase are included with this filing. Please note that the actual rates implemented may vary slightly from those filed due to implementation rounding algorithms.

### **17. Analysis Performed**

The initial premium schedule was based on pricing assumptions believed to be appropriate, given the information available at the time the initial rate schedule was developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

- a. Incidence and continuance rates for nursing home care were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications. Home health care incidence and continuance rates were based on the nursing home care rates with modifications.
- b. Voluntary termination rates by duration were assumed to be 5.5% in year one, grading down to 4.5% in year ten and thereafter.
- c. Mortality was based on the 1983 Group Annuity Mortality Table, adjusted to remove loading. These rates vary by age and sex.

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As part of the inforce management of the business, MetLife monitors the performance of the business by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The findings from these analyses were used to determine the current experience assumptions. A model of this business was developed for use in the cash flow testing that is part of the company's annual statutory reporting requirements. Using this model, a future projection of these policies under the new experience assumptions was performed and the projected lifetime loss ratio for these policies was determined. For these policies, the past experience and future projections based on current experience assumptions combine to a resulting loss ratio that far exceeds both original pricing expectations and state minimum requirements.

Similar analyses were done for the prior premium rate increases. Since then, Morbidity levels have been slightly worse than assumed in the prior rate increases.

The experience analysis, management's view of when a change to the original rate schedule may be considered and the seriatim inforce and claim data used in developing the projections in Exhibit I-A and I-B have been relied upon by the actuary in the development of this memorandum.

The predictions we use to calculate premiums and claim costs, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase.

Furthermore, please note that the requested rate increase is only filed when we believe that the emerging experience and assumptions about the future have substantially deviated from the previous assumptions and projections. If the requested premium rate schedule increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases would be anticipated.

It is important to note that the company regularly monitors the performance of the LTC business and takes an active management approach that balances the need to be responsive to emerging results without reacting to less than credible short term fluctuations.

### **18. Loss Ratio Requirement Compliance Demonstration**

Projected experience assuming the increase is implemented is shown in Exhibit I-A and I-B. As shown in these exhibits, the expected lifetime loss ratio, with and without the requested rate increase, exceed the minimum requirements under loss ratio regulations.

### **19. Average Annual Premium**

The average September 30, 2020 annualized premiums for all premium-paying certificates situated in Virginia effective before October 1, 2003, the effective date of the rate stabilization rule for this state, before and after the current requested increases are:

Before increase:	\$1,591
After current requested 11.43% increase:	\$1,773

**METROPOLITAN LIFE INSURANCE COMPANY**

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**20. Proposed Effective Date**

The rate increase will become effective on the first day of the month following at least a 75 day advance written notification to the certificateholder per 14VAC5-200-75 5. D.

**21. Nationwide Distribution of Business as of September 30, 2020 (based on premium-paying certificates inforce count)**

By Issue Age:

<b>Issue Age</b>	<b>Percent</b>
<45	29%
45-49	18%
50-54	21%
55-59	18%
60-64	10%
65-69	4%
70-74	1%
75+	0%
<b>Total</b>	<b>100%</b>

By Benefit Period:

<b>Benefit Period (Days)</b>	<b>Percent</b>
730	1%
1,095	15%
1,250	3%
1,460	1%
1,800	0%
1,825	65%
2,000	2%
2,190	2%
2,555	5%
2,920	4%
3,650	1%
5,000	0%

# METROPOLITAN LIFE INSURANCE COMPANY

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Lifetime	1%
Total	100%

### By Inflation Option:

Inflation	Percent
Optional	95%
Auto	5%
Total	100%

### By Home Care Percentage:

Home Care %	Percent
0% (FC Only)	11%
50%	35%
60%	33%
65%	1%
70%	0%
75%	13%
80%	2%
100%	5%
Total	100%

### By Gender:

Gender	Percent
Female	55%
Male	45%
Total	100%

## 22. Number of Certificateholders

As of September 30, 2020, the number of premium-paying certificates inforce situated in Virginia and their premiums that will be affected by this increase are:

	Number of Certificateholders*	2020 Annualized Premium
Situated in Virginia	516	\$820,803

\* Certificates issued under group policies effective before October 1, 2003, the effective date of the rate stabilization rule for this state.

**METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

**Actuarial Memorandum**

**February 24, 2022**

**23. Actuarial Certification**

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Virginia. Furthermore, the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.



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Mark D. Newton, FSA, MAAA  
AVP & Actuary, Metropolitan Life Insurance Company

Long Term Care Insurance Rate Request Summary  
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company - 65978
SERFF Tracking Number:	META-132957076
Effective Date:	On Approval

Revised Rates

Average Annual Premium Per Member:	\$1619
Average Requested Percentage Rate Change Per Member:	11.43%
Minimum Requested Percentage Rate Change Per Member:	11.43%
Maximum Requested Percentage Rate Change Per Member:	11.43%
Number of Policy Holders Affected :	309

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
GPNP99-LTC G.LTC2798	Group Long Term Care

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

*This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.*

### **Rate Increase Narrative**

The decision to implement a premium increase was based on recent in-depth analysis of our Long-Term Care Insurance business. The predictions we use to calculate premiums, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase. Actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected. MetLife reserves the right to request additional rate increases based on future reviews of the policies as experience continues to emerge. MetLife will also continue to consider product affordability, the anticipated lifetime loss ratio, changes in the assumptions underlying the pricing, and the impact on performance of the business.



Metropolitan Life Long-Term Care  
P.O. Box 99028  
Hartford, CT 06199-0028

Metropolitan Life Insurance Company

Group Name: [Group Name]  
Group #: [Group No.]

[First Name] [Middle Initial] [Last Name]

**[Leave out for insureds on Waiver of Contributions:]**

[Increased Premium Amount Date: [Effective Date of Increase]]

## Premium (Contribution) Increase Coverage Change Request Form

**If you intend to maintain your current coverage at the new increased premium, there is no need to return this form.**

Please use this form to request a decrease in your long-term care insurance coverage, if available, or to cancel your coverage. If you have any questions, you can speak with our **Customer Service team** at **[1-800-308-0179]**.

To request a coverage change check only ONE box below		
<b>Keep current coverage and pay premium increase</b>  <b>(No Action Required)</b>  Daily Benefit Amount: [\$XXX.XX]  Total Lifetime Benefit: [X] Years  Premium: [\$XXX.XX][mode]  <b>Note:</b> If you do not submit a selection, your coverage will remain the same and your new increased premium will become effective on [DATE].	<input type="checkbox"/> <b>Reduce Daily Benefit and Minimize Premium Increase</b>  Daily Benefit Amount: [\$XXX.XX]  Premium: [\$XXX.XX][mode]	<input type="checkbox"/> <b>Reduce Lifetime Benefit and Minimize Premium Increase</b>  Total Lifetime Benefit: [X] Years  Premium: [\$XXX.XX][mode]
	<input type="checkbox"/> <b>Customized Decrease Option</b> <i>Please call the Customer Service team for available options and write your selection in the space provided below. <b>Please do not add a selection below if you have not discussed your options with our customer service team.</b></i>  _____	<input type="checkbox"/> <b>Coverage Termination</b>  [A. or B. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL) OR insureds with nonforfeiture feature that will pay benefits less than those of LCUL:] <input type="checkbox"/> Please CANCEL my coverage. I understand that I will be provided with coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"). As you consider this option, please note that this is <b>limited</b> coverage and does not provide the same level of coverage you currently have.  [C. Insert for insureds who will be provided with a choice between their current nonforfeiture feature and LCUL:]



		<p><input type="checkbox"/> [Please CANCEL my coverage and apply the limited coverage under the <b>nonforfeiture feature</b> that is included in my certificate. <i>As you consider this option, please note that this is <b>limited</b> coverage and does not provide the same level of coverage you currently have.]</i></p> <p><input type="checkbox"/> [Please CANCEL my coverage and apply the <b>Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL")</b>. I understand in making this selection that I waive my rights under any other nonforfeiture feature. <i>As you consider this option, please note that this is <b>limited</b> coverage and does not provide the same level of coverage you currently have.]</i></p> <p><b>[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]</b></p> <p><input type="checkbox"/> [Please CANCEL my coverage. I understand that this will trigger coverage under the nonforfeiture feature that is included in my certificate. <i>As you consider this option, please note that this is <b>limited</b> coverage and does not provide the same level of coverage you currently have.]</i></p> <p><b>[E. Insert for insureds with paid-up coverage with a layer of non-paid-up coverage:]</b></p> <p><input type="checkbox"/> [Please CANCEL the portion of my coverage that is not paid-up. I understand that I will retain the portion of my coverage that is paid-up, and the portion of my coverage on which I am making premium payments will end. <i>Please note that the portion of your coverage that is paid-up is <b>not</b> subject to the premium increase.]</i></p>
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I understand the certificate change(s) I have selected above. I agree that any change(s) will become effective on the premium rate increase date outlined above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign, date and return this form to the address listed below by [Coverage Change Receipt Date]. **Please make a copy of this form for your personal records. No Response is required if you are not making any changes.**

***Metropolitan Life Insurance Company***  
***[Long-Term Care \* PO Box 14634 \* Lexington, KY \* 40512-9938]***  
***[Phone: 1-800-308-0179]***



[Metropolitan Life Insurance Company  
Long-Term Care  
P.O. Box 990028  
Hartford, CT 06199-0028]

## Metropolitan Life Insurance Company

[Mail Date]

Group Name: [Group Name]

Group No: [Group Number]



Increased Premium Amount Date:  
[DATE].

[First Name] [Last Name]

[Address 1]

[Address 2]

[City, ST Zip or Country Name if Foreign address]

## Premium (Contribution) Increase Notification – Please review

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### Why MetLife is contacting you

This letter is to inform you we are implementing a premium increase of [XX]% on your Long-Term Care (LTC) Insurance **underwritten by Metropolitan Life Insurance Company (“MetLife”)**.

### What you need to know

#### **[Insert this paragraph for insureds who ARE NOT on premium waiver:]**

We [requested a [XX%] increase on your certificate and] received authority from the [STATE] insurance regulator to implement the [XX%] increase on your certificate. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

#### **[Insert this paragraph for insureds who ARE on premium waiver:]**

We [requested a [XX%] increase on your certificate and] received authority from the [STATE] insurance regulator to implement the [XX%] increase on your certificate. While the increase is scheduled to take place on [Date], (“Effective Date of Increase”), your premium is currently being waived under the Waiver of Contributions provision in your certificate. As a result, there will be no impact to your premium unless your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

This **premium** increase impacts a broad group of certificateholders and is not based on any individual’s personal factors such as age, health status or claims history. We understand how important your long-term care insurance coverage is to your personal financial plan. The decision to implement a premium increase was **based on recent in-depth analysis of our Long-Term Care Insurance business. The predictions we use to calculate premiums, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase. Actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.**

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission’s webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

**[Insert for insureds who ARE NOT on premium waiver:]**

The premium amount for your long-term care insurance coverage is scheduled to increase as indicated below on the Effective Date of Increase. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur. In addition, it is important to note that depending on the date your coverage is currently paid through, you may receive an interim direct bill that reflects the difference in the increased amount owed and the amount that was paid prior to this announcement. The interim bill may be applicable to all bill modes and frequencies.

**[Insert for insureds who ARE on premium waiver:]**

Your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision in your certificate. Prior to the effective date of the increase, your premium rate increase will not take effect until the effective date of the increase. If your obligation to make premium payments resumes after the effective date of the increase, you will be responsible for the increased premium rate at that time. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur.

Effective Date:	[EFFECTIVE DATE]
Current Premium Amount:	[OLD AMOUNT]/[FREQUENCY]
Increased Premium Amount:	[NEW AMOUNT]/[FREQUENCY]

**Your Options**

MetLife understands that a premium increase may not be affordable for some insureds. Therefore, we may offer you personalized options, if available, to help reduce the impact of the premium increase. Please review the enclosed Coverage Change Form to see what options are available to you. **Please note that all options available may not be of equal value, based on your personal situation.**

**Things to consider**

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your policy, and subject to any applicable regulatory approval, **WE RESERVE THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, similar options may be available; however, decreases in coverage can be made at any time, per the provisions of your certificate.

[Please note that because the percentage approved is less than what we requested, it is likely that we will request an additional increase, and if that increase were approved, we would implement the additional increase no sooner than [X] years from the date indicated below. Note that any future increase would first be subject to the review and approval of the Virginia State Corporation Commission.]

Please note that any changes in your coverage that cause your premium to increase that take effect between now and the Effective Date of Increase will be calculated at the **increased** rates. Prior to

being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this premium rate schedule at any time. **If you are set up for automatic deductions, you do not need to take any action. The increased premium will be deducted on the next scheduled deduction date after the rate increase effective date.**

### **Cancellation Requests**

**If you choose to cancel your Long Term Care Insurance Coverage with MetLife, a limited long term care benefit may still be available to you. Please carefully evaluate your individual situation before selecting one of these options. We believe that long term care insurance should be considered in every financial plan and encourage you to maintain your certificate to retain the valuable protection it provides.**

#### **[A. Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL):]**

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For certificateholders who are eligible for, and meet the requirements for payment of, benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL") as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL.

#### **[B. Insert for insureds with nonforfeiture feature that will pay benefits less than those of LCUL:]**

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

Our records indicate your certificate currently includes a nonforfeiture coverage provision. However, the amount of coverage available under the nonforfeiture coverage provision included in your certificate in the event of lapse is less than what would be provided under LCUL. If you lapse at any time between the date of this letter and 120 days from the effective date of the rate increase, we will provide nonforfeiture coverage under LCUL instead of the nonforfeiture coverage feature included in your certificate since LCUL will provide a greater benefit. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your coverage.

**[C. Insert for insureds who will be provided a choice between their current nonforfeiture feature and LCUL:]**

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your certificate lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. If your coverage lapses, you are eligible for the limited coverage as described in your certificate.

Alternatively, if your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, you may elect in writing to receive limited coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") **instead of** the nonforfeiture coverage provision included in your certificate. *(Please note that both LCUL and the nonforfeiture coverage provision in your certificate provide limited coverage and do not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase, we are providing you a choice between the nonforfeiture coverage provision included in your certificate and LCUL because the benefits you would receive under the nonforfeiture coverage provision included in your certificate are different than those you would receive under LCUL. We will not pay benefits under both LCUL and the nonforfeiture coverage provision included in your certificate.

If your coverage lapses at any time between the date of this letter and 120 days from the effective date of the rate increase and we do **not** receive a written election from you for LCUL after your lapse but before the end of the 120-day period, we will automatically provide coverage under the nonforfeiture coverage provision included in your certificate and LCUL will no longer be available as an option.

**[D. Insert for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL:]**

Our records indicate your certificate includes a nonforfeiture coverage provision that provides for reduced or limited coverage in the event that your coverage lapses due to cancellation or nonpayment of premium. Please refer to your certificate for additional information. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)*

**[E. Insert for insureds with paid-up coverage with a layer of non-paid up coverage:]**

Our records indicate you are making premium payments on only a portion of your coverage and that the remainder of your coverage is fully paid-up. In the event you stop making premium payments or notify MetLife you do not wish to maintain the portion of your coverage that is not fully paid up, you will retain the portion of your coverage that is fully paid-up. In this case, the portion of your coverage on which you are making premium payments will end. Please be aware that the portion of your coverage that is paid-up is **not** subject to the premium increase.

## **Next Steps**

- If you choose to decrease or cancel your coverage, please complete the enclosed Coverage Change / Cancellation Form and return it in the enclosed postage-paid envelope. If you are making a coverage change, we will need to receive your completed form by [Coverage Change Receipt Date] to ensure that any coverage changes take effect on the Effective Date of

Increase. Please be advised that under the terms of your certificate, you may make decreases to your coverage at any time.

***Please note that all options available to the certificateholder may not be of equal value.***

**[Insert next sentence only for insureds with End Your Coverage options A or B:]**

- While you are entitled to receive limited coverage under LCUL if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

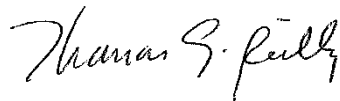
**[Insert next sentence only for insureds with End Your Coverage option C:]**

- While you are entitled to receive limited coverage under LCUL if you elect LCUL in writing and if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, or under the nonforfeiture coverage provision included in your certificate today, we will still need to receive your completed Coverage Change / Cancellation Form by [Coverage Change Receipt Date] if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

**At MetLife we're here to help**

We are ready to assist you. If you have any additional questions or would like to discuss your options in more detail, please call our Customer Service team at [1-800-308-0179]. Call center representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,



Thomas G. Reilly, Assistant Vice President  
Product Management & Compliance  
Metropolitan Life Insurance Company

Encl: Coverage Change Form, Business Reply Envelope

## STATEMENT OF VARIABILITY

### Group Coverage Change Form

- Group name, group number - will be customized for each Group insured.
- First name, middle initial, last name – bracketed and customized for each insured.
- Increased Premium Amount Date: Effective Date of Increase – bracketed and will only appear for insureds that are NOT on waiver of contribution.
- Customer Service number is bracketed, in the event it changes in the future.
- The selection boxes are bracketed and will be customized for each insured to illustrate the following:
  - Column on the left (gray shaded area) – Will illustrate the insured's current Daily Benefit, Total Lifetime Benefit and Premium/mode. [DATE] is the insured's new premium effective date.
  - Middle column – If insured is provided an option to reduce their Daily Benefit, this will illustrate the Daily Benefit Amount reduction [XXX.XX], and the Premium: [XXX.XX][mode].
  - Middle column – Customized Decrease Option – If the insured is already at the minimum Daily Benefit and Total Lifetime Benefit, they will be able to call Customer Service to explore other options to reduce coverage that may be available to them. If the insured is provided either a Daily Benefit and/or Total Lifetime Benefit, and he/she wanted to make additional decreases, the insured can also call Customer Service to explore other options.
  - Column on the right – If insured is provided an option to reduce their Total Lifetime Benefit, this will illustrate the Total Lifetime Benefit [X] Years and Premium [XXX.XX][mode].
  - Column on the right – Coverage Termination – The appropriate paragraphs will appear, dependent upon the following:
    - If insureds do NOT have nonforfeiture (would apply to insureds with Contingent Benefits Upon Lapse (CBUL)), OR if insureds have a nonforfeiture feature that will pay benefits less than those of the Limited Coverage Upon Lapse Endorsement (LCUL), the bracketed text underneath these instructions will appear to advise the insured that he/she would receive the LCUL endorsement, if this option were chosen.
    - If the insured will be provided a choice between their current nonforfeiture feature and LCUL, one of the two bracketed paragraphs underneath these instructions will appear.
    - If the insured has a nonforfeiture benefit with a value that is greater than or equal to the value of LCUL, the bracketed paragraph underneath these instructions will appear to advise the insured that selecting this option will trigger coverage under the nonforfeiture benefit included in the insured's certificate.
    - If the insured has paid-up coverage with a layer of non-paid-up coverage, the paragraph underneath these instructions will appear.
      - Please note the instructions in red text are for internal use only and will not appear on the insureds' coverage change form.
- Coverage Change Receipt Date is bracketed and date shown will be 30 days from the date of the insured's letter.
- Address and phone number are bracketed, in the event they change in the future.



## STATEMENT OF VARIABILITY

### Group Coverage Change Form

- Group name, group number - will be customized for each Group insured.
- First name, middle initial, last name – bracketed and customized for each insured.
- Increased Premium Amount Date: Effective Date of Increase – bracketed and will only appear for insureds that are NOT on waiver of contribution.
- Customer Service number is bracketed, in the event it changes in the future.
- The selection boxes are bracketed and will be customized for each insured to illustrate the following:
  - Column on the left (gray shaded area) – Will illustrate the insured's current Daily Benefit, Total Lifetime Benefit and Premium/mode. [DATE] is the insured's new premium effective date.
  - Middle column – If insured is provided an option to reduce their Daily Benefit, this will illustrate the Daily Benefit Amount reduction [XXX.XX], and the Premium: [XXX.XX][mode].
  - Middle column – Customized Decrease Option – If the insured is already at the minimum Daily Benefit and Total Lifetime Benefit, they will be able to call Customer Service to explore other options to reduce coverage that may be available to them. If the insured is provided either a Daily Benefit and/or Total Lifetime Benefit, and he/she wanted to make additional decreases, the insured can also call Customer Service to explore other options.
  - Column on the right – If insured is provided an option to reduce their Total Lifetime Benefit, this will illustrate the Total Lifetime Benefit [X] Years and Premium [XXX.XX][mode].
  - Column on the right – Coverage Termination – The appropriate paragraphs will appear, dependent upon the following:
    - If insureds do NOT have nonforfeiture (would apply to insureds with Contingent Benefits Upon Lapse (CBUL)), OR if insureds have a nonforfeiture feature that will pay benefits less than those of the Limited Coverage Upon Lapse Endorsement (LCUL), the bracketed text underneath these instructions will appear to advise the insured that he/she would receive the LCUL endorsement, if this option were chosen.
    - If the insured will be provided a choice between their current nonforfeiture feature and LCUL, one of the two bracketed paragraphs underneath these instructions will appear.
    - If the insured has a nonforfeiture benefit with a value that is greater than or equal to the value of LCUL, the bracketed paragraph underneath these instructions will appear to advise the insured that selecting this option will trigger coverage under the nonforfeiture benefit included in the insured's certificate.
    - If the insured has paid-up coverage with a layer of non-paid-up coverage, the paragraph underneath these instructions will appear.
      - Please note the instructions in red text are for internal use only and will not appear on the insureds' coverage change form.
- Coverage Change Receipt Date is bracketed and date shown will be 30 days from the date of the insured's letter.
- Address and phone number are bracketed, in the event they change in the future.



NAIC Company No. is 65978

## STATEMENT OF VARIABILITY

### Certificateholder Notification Letter

- Letter date [Date of Letter] is dependent upon when VA approves the rate filing and the implementation process begins.
- Call out [date] (blue exclamation call out) – date is bracketed and will be customized for each insured.
- First page: Insured name/address, Group name and number are variable and customized for each insured.

### Why MetLife is Contacting You

- The percentages are bracketed within the paragraph and is dependent on the increase that VA approves.

### What You Need to Know

- The appropriate first or third paragraph will appear depending on whether or not the insured is on premium waiver. The percentages and State name are bracketed within these paragraphs and will be customized if/when the Insurance regulator approves the rate increase. Effective date of the increase [DATE] is also bracketed in the third paragraph and will be customized for each certificate or policy.
- The appropriate fourth or fifth paragraphs will appear depending on whether or not the insured is on premium waiver.
- The information in the blue box on Page 2 – Effective Date, Current Premium Amount and Increased Premium Amount [\$0.00/mode] is bracketed and will be customized for each insured.

### Things to Consider

- If the full requested percentage is not approved, this paragraph will be included in the letter. The paragraph will include the percentage approved by VA (in brackets) and gives notice to the insured of our intent to request an additional rate increase.
- If the rate increase is authorized with a rate guarantee, the bracketed sentence will appear. The period of [X] years is bracketed and will be completed upon authorization of the rate increase.

### Cancellation Requests

- Options to consider – there are a few bracketed paragraphs, based on the following situations (the appropriate paragraph will appear in the insured's letter):
  - A. Paragraph will be inserted for insureds with NO nonforfeiture feature (applies to insureds with CBUL).
  - B. Paragraph will be inserted for insureds with a nonforfeiture feature that will pay benefits less than those of Limited Coverage Upon Lapse (LCUL).
  - C. Paragraph will be inserted for insureds who will be provided a choice between their current nonforfeiture feature and LCUL.
  - D. Paragraph will be inserted for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL.
  - E. Paragraph will be inserted for insureds with paid-up coverage, with a layer of non-paid up coverage.

## **Next Steps**

- Coverage Change Receipt Date is bracketed in the first paragraph and date will be 30 days from the date of the insured's letter.
- The second paragraph will appear only for insureds with cancellation options A or B. Coverage Change Receipt Date is bracketed in the first paragraph and date will be 30 days from the date of the insured's letter.
- The third paragraph will appear only for insureds with cancellation option C. Coverage Change Receipt Date is bracketed in the first paragraph and date will be 30 days from the date of the insured's letter.

## **At MetLife We're Here to Help**

- The Customer Service telephone number is bracketed, in the event it changes in the future.
- Enclosures are bracketed in the event they change in the future.



NAIC Company No. is 65978

## STATEMENT OF VARIABILITY

### Certificateholder Notification Letter

- Letter date [Date of Letter] is dependent upon when VA approves the rate filing and the implementation process begins.
- **Call out [date] (blue exclamation call out) – date is bracketed and will be customized for each insured.**
- First page: Insured name/address, Group name and number are variable and customized for each insured.

### Why MetLife is Contacting You

- The percentages are bracketed within the paragraph and is dependent on the increase that VA approves.

### What You Need to Know

- The appropriate first or third paragraph will appear depending on whether or not the insured is on premium waiver. **The percentages and State name are bracketed within these paragraphs and will be customized if/when the Insurance regulator approves the rate increase.** Effective date of the increase [DATE] is also bracketed in the third paragraph and will be customized for each certificate or policy.
- The appropriate fourth or fifth paragraphs will appear depending on whether or not the insured is on premium waiver.
- The information in the blue box on Page 2 – Effective Date, Current Premium Amount and Increased Premium Amount [\$0.00/mode] is bracketed and will be customized for each insured.

### Things to Consider

- If the full requested percentage is not approved, this paragraph will be included in the letter. The paragraph will include the percentage approved by VA (in brackets) and gives notice to the insured of our intent to request an additional rate increase.
- If the rate increase is authorized with a rate guarantee, the bracketed sentence will appear. The period of [X] years is bracketed and will be completed upon authorization of the rate increase.

### Cancellation Requests

- Options to consider – there are a few bracketed paragraphs, based on the following situations (the appropriate paragraph will appear in the insured's letter):
  - A. Paragraph will be inserted for insureds with NO nonforfeiture feature (applies to insureds with CBUL).
  - B. Paragraph will be inserted for insureds with a nonforfeiture feature that will pay benefits less than those of Limited Coverage Upon Lapse (LCUL).
  - C. Paragraph will be inserted for insureds who will be provided a choice between their current nonforfeiture feature and LCUL.
  - D. Paragraph will be inserted for insureds with a nonforfeiture value that is greater than or equal to the value of LCUL.
  - E. Paragraph will be inserted for insureds with paid-up coverage, with a layer of non-paid up coverage.

## **Next Steps**

- Coverage Change Receipt Date is bracketed in the first paragraph and date will be 30 days from the date of the insured's letter.
- The second paragraph will appear only for insureds with cancellation options A or B. Coverage Change Receipt Date is bracketed in the first paragraph and date will be 30 days from the date of the insured's letter.
- The third paragraph will appear only for insureds with cancellation option C. Coverage Change Receipt Date is bracketed in the first paragraph and date will be 30 days from the date of the insured's letter.

## **At MetLife We're Here to Help**

- The Customer Service telephone number is bracketed, in the event it changes in the future.
- Enclosures are bracketed in the event they change in the future.

Metropolitan Life Insurance Company  
1300 Hall Boulevard  
Bloomfield, CT 06002  
Tel 860-656-3813 Fax 860-656-3815  
Treilly1@metlife.com



**Thomas G. Reilly**  
Assistant Vice President  
Product Management & Compliance

August 24, 2021

Virginia Bureau of Insurance  
State Corporation Commission  
P.O. Box 1157  
Richmond, VA

Re: Group Long-Term Care Insurance – Premium Rate Schedule Increase Filing  
Our NAIC Company No. is 65978  
Our FEIN is 13-5581829

Dear Sir/Madam:

We are filing, for your review and authorization, a request for a 11.43% premium rate schedule increase with respect to certain group long-term care insurance policies issued for delivery (situated) in your state before July 1, 2010.

Please note that the requested increase will not apply to any group long-term care insurance policy issued with rates that were based on the prospective premium rate schedule increase that was authorized by your Department on December 4, 2009 (those group long-term care insurance policies were issued on or after July 1, 2010).

Please note that previously, a premium rate increase of 39% was previously approved by your Department on 11/21/2019 for insureds in groups situated in Virginia.

We will only implement the premium rate schedule increase after we have received authorization from your Department and will apply the increase to all certificates issued under group long-term care insurance policies situated in your state except those certificates issued to residents of other states whose requirements are asserted to apply to rate increases for certificates issued in such other states regardless of group policy situs. As to certificates issued in any such other state, we will implement the increase authorized by that state, regardless of whether or not you authorized this request.

Please note that for certificateholders who were issued certificates in your state under a group long-term care insurance policy situated in another state, we will implement their increases after we've satisfied any requirements for the premium rate schedule increase of the situs state of their group policy (including obtaining authorization, if required) without regard to your review of this filing.

The premium rate schedule increase for which we are seeking authorization will apply to the following group long-term care insurance policy forms:

- GPNP99-LTC approved by your Department on August 4, 1998 and certificates issued thereunder; and
- G.LTC2798 approved by your Department on August 4, 1998 and certificates issued thereunder.

Please note that these forms are currently not being marketed.

We are submitting an actuarial memorandum and rates in support of our request.

## **Company Rate Information Provided on SERFF**

Please note the following with respect to the information entered under Company Rate Information in the SERFF system:

“Written Premium Change for this Program” and “Written Premium for this Program” only reflects premium information for certificates issued to residents of your state under group policies issued from within and from outside of your state.

The “# of Policyholders Affected for this Program” only reflects the number of certificates issued to residents of your state under group policies issued in and outside of your state.

## **Notification to Certificateholders of Premium Rate Schedule Increase**

We intend to provide certificateholders with a minimum of 60 days advance written notice prior to the first effective date of the premium rate schedule increase. In our written notification we will explain that:

- The amount of the increase requested in this filing and the amount of the increase authorized by your Department;
- If the full amount of the requested increase is authorized by your Department, a statement that the certificate may be subject to rate increases in the future. If the amount of the increase authorized by your Department is less than the amount requested in this filing, the notice will include the same statement and may include an additional statement about the likelihood of MetLife making future rate increase requests on the certificate. The wording of this additional statement will depend on the degree of variance from the amount requested;
- The current premium rate and the premium rate after the increase is applied;
- A statement that the premium rate adjustment will be effective on the certificate’s premium due date.
- The following options available to the certificateholder:
  1. the certificateholder can continue his/her current coverage by paying the new premium amount when due;
  2. the certificateholder can reduce his/her coverage to lessen the impact of the premium rate schedule increase if the current level of coverage permits a reduction;
  3. if the certificateholder’s coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium (“Election Period”), that the certificateholder will have nonforfeiture coverage as follows:
    - a. if the certificateholder’s coverage does not include a nonforfeiture feature we will issue the certificateholder the Limited Coverage Upon Lapse Following Premium Increase Endorsement (“LCUL”) described below;
    - b. if the certificateholder’s coverage includes a nonforfeiture feature, but that feature will provide no benefit or a lower benefit than LCUL (as determined by us), we will issue the certificateholder LCUL and pay benefits under LCUL rather than the nonforfeiture feature included in the certificateholder’s coverage;
    - c. if the certificateholder’s coverage includes a nonforfeiture feature that will pay benefits equal to or greater than LCUL (as determined by us), we will provide nonforfeiture coverage under the feature already included in the certificateholder’s coverage;
    - d. if the certificateholder’s coverage includes a nonforfeiture feature that will pay benefits that are different than the benefits provided under LCUL such that we determine that it would be appropriate to provide the certificateholder with a choice of retaining their

existing nonforfeiture feature or electing LCUL, we will present LCUL as an option that the certificateholder can elect instead of the nonforfeiture feature included in the certificate. In this scenario, LCUL will only be issued and applied if specifically elected by the certificateholder instead of the nonforfeiture feature included in his/her certificate;

- e. if the certificateholder qualifies for coverage under Contingent Benefit Upon Lapse as a result of the premium rate schedule increase, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse.

We will not provide coverage under more than one feature that provides for a nonforfeiture benefit.

We have also included with this filing a copy of our certificateholder notification letter and coverage change form.

#### **Limited Coverage Upon Lapse Following Premium Increase Endorsement**

In connection with our request for authorized of a premium rate schedule increase, we are extending the use of the following forms, which were previously authorized by your Department on 1/21/2019. Please refer to the section above titled Notification to Certificateholders of Premium Rate Schedule Increase for additional information on how we intend to use these forms.

The contact person for this filing is:

Gina Jisonna  
1300 Hall Boulevard  
Bloomfield, CT 06002  
Telephone: 860-656-3809  
gjisonna@metlife.com

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,



Thomas G. Reilly  
Assistant Vice President  
Product Management & Compliance



Institutional Contracts



050215000290

IContract\_FormNumber : 'G.LTC199, G.LTC199/OOC, CR1-G.LTC297/397, CR2-G.LTC297/397, CR3-G.LTC297/397, CR-G.LTC297, PA99-LTC, END99-LTC, CR99-LTC'

IContract\_State : 'VA'

IContract\_ApprovalDate : '10/14/1999'

IContract\_ClientProductName : 'LTC Hybrid Certificate Filing'

IContract\_FilingInstallmentNumber : 'W99-2 KL'

IContract\_FormType : 'endorsement, policy amendment, certificate rider, certificate, outline of coverage'

IContract\_OfficeLocation : 'Westport, CT'

Doc Type : 'APPR'



Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-6537 Fax 203 221-3348  
jbreslin1@metlife.com

Jerome D. Breslin  
Group and SBC Contracts & Compliance Division

KAREN LEDDY  
OCT 22 1999

MetLife®  
RECEIVED

OCT 20 1999

Group and SBC Contracts  
& Compliance Division  
FILING UNIT

September 13, 1999

APPROVED

Commonwealth of Virginia  
State Corporation Commission  
Bureau of Insurance

Ms. Althelia P. Battle  
Senior Insurance Market Examiner  
Bureau of Insurance  
Commonwealth of Virginia  
Tyler Building, 1300 East Main Street  
Richmond, Virginia 23219

DATE  
BY

10/14/99  
ARB



Re: Our Filing No. W99-2 KL Dated June 14, 1999  
Group Long-Term Care Insurance  
Your letter dated August 19, 1999

Dear Ms. Battle:

This letter will respond to the objections listed in your letter of August 19, 1999.

1. You requested the removal of the automobile no-fault provision in the Exclusion section on page EXCL pursuant to section 38.2-3405 B. We have made this change and are submitting G.LTC199 replacement page EXCL.
2. You noted that we should review the Outline of Coverage form G.LTC199/OOC to confirm that it has the same sequential order as prescribed in 14 VAC 5-200-200 of the Administrative Code. Accordingly, we have revised the sequential order of the Outline of Coverage form G.LTC199/OOC are submitting a revised copy for your records. We are also submitting a revised Explanation of Variable Material for form G.LTC199/OOC.

Ms. Battle, we sincerely appreciate all the help you have given in the review of this filing. We anticipate that we have addressed all your remaining concerns and look forward to your approval.

Very truly yours,

Jerome D. Breslin, JD  
Contract Analyst

W99-2 KL

050308019975

Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-6533 Fax 203 221-3348  
kleddy@metlife.com

Karen W. Leddy  
Group and SBC Contracts & Compliance Division

**MetLife®**

050308019975

June 14, 1999

State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

Re: Filing No. W99-2 KL (FORMS)  
Group Long-Term Care Insurance  
Our NAIC Company No. is 65978  
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the group long-term care insurance forms listed below. These forms are new and do not replace any forms previously filed with your Department.

Form Number		Description						
G.LTC199	VA	<p>Group Certificate providing a comprehensive long-term care insurance plan design that provides two levels of benefits that is intended to be federally tax qualified. This form will be used with group policy form G.LTC2798 that was approved by your Department on May 20, 1998 [File #007-0000008401].</p> <p>The certificate is being filed for use with group policy form G.LTC2798 when both are issued for delivery in your jurisdiction</p>						
G.LTC199/OOC	VA	<p>Outline of Coverage to be used with G.LTC199.</p> <p>The following Certificate Rider forms are being filed for use with one or both of the following group long-term care insurance certificate forms that were previously approved by the Department:</p> <p><b>Certificate forms filed for use with G.LTC2798 (Single Employer Policy):</b></p> <table><tbody><tr><td>G.LTC6197</td><td>Comprehensive Plan</td><td>approved May 20, 1998 [File #007-0000008401]</td></tr><tr><td>G.LTC6297</td><td>Nursing Home Plan</td><td>approved May 20, 1998 [File #007-0000008401]</td></tr></tbody></table>	G.LTC6197	Comprehensive Plan	approved May 20, 1998 [File #007-0000008401]	G.LTC6297	Nursing Home Plan	approved May 20, 1998 [File #007-0000008401]
G.LTC6197	Comprehensive Plan	approved May 20, 1998 [File #007-0000008401]						
G.LTC6297	Nursing Home Plan	approved May 20, 1998 [File #007-0000008401]						

W99-2 KL

050308019975

Page 2

Form Number	Description
CR1-G.LTC297/397	Certificate Rider for use with group long-term care insurance certificate forms G.LTC6197 and G.LTC6297. This Rider changes certain definitions and exclusions. The variable material on page 1 is indicated by brackets and is illustrative.
CR2-G.LTC297/397	Certificate Rider for use with group long-term care insurance certificate forms G.LTC6197 and G.LTC6297. This Rider changes the definition of "Chronically Ill". The variable material is indicated by brackets and is illustrative.
CR3-G.LTC297/397	Certificate Rider for use with group long-term care insurance certificate forms G.LTC6197 and G.LTC6297. This Rider changes an exclusion. The variable material is indicated by brackets and is illustrative.
CR-G.LTC297	Certificate Rider for use with group long-term care insurance certificate form G.LTC6197. This Rider changes the definition of "Informal Caregiver" and adds a definition of "Private Aide". The variable material is indicated by brackets and is illustrative.
PA99-LTC	Policy Amendment to be used to amend previously approved variable material in the previously approved group long-term care insurance policy forms listed below. The variable material is indicated by brackets and is illustrative.
	G.LTC2798    Single Employer Policy    approved May 20, 1998 [File #007-0000008401]
	G.LTC1697    AARP Policy    approved August 3, 1997 [File #007-0000008176]
END99-LTC	Policy Endorsement to be used to endorse changes to previously approved group long-term care insurance policy forms listed below. The changes that would be made are those that do not require the signature of the Group Policyholder, such as mandated benefits required by law or regulation. The variable material is indicated by brackets and is illustrative.
	G.LTC2798    Single Employer Policy    approved May 20, 1998 [File #007-0000008401]
	G.LTC1697    AARP Policy    approved August 3, 1997 [File #007-0000008176]
CR99-LTC	Certificate Rider to be used to change previously approved variable material in the previously approved group long-term care insurance certificate forms listed below. The variable material is indicated by brackets and is illustrative.
	G.LTC 199    Comprehensive Plan    concurrently being filed
	<b>Certificate forms filed for use with G.LTC2798 (Single Employer Policy):</b>
	G.LTC6197    Comprehensive Plan    approved May 20, 1998 [File #007-0000008401]
	G.LTC6297    Nursing Home Plan    approved May 20, 1998 [File #007-0000008401]

W99-2 KL

Form Number	Description
<b>Certificate forms filed for use with G.LTC1697 (AARP Policy):</b>	
G.LTC1497	AARP Comprehensive Plan approved August 3, 1997 [File #007-0000008176]
G.LTC 1797	AARP Nursing Home Plan approved August 3, 1997 [File #007-0000008176]

050308019975

**Re: Domiciliary Approval**

The forms included in this filing were approved by New York for use outside of New York on March 29, 1999.

**Re: Alternate Certificate Insert Pages**

Certificate G.LTC199 contains alternate insert pages for the following sections:

- Waiting Period: the alternate insert pages are paginated WAITPD/REIM and WAITPD/DIS.
- Return of Contributions: the alternate insert pages are paginated ROC/OPT1 and ROC/OPT2.
- Nonforfeiture Coverage: the alternate insert pages are paginated NF/SBP1 and NF/SBP2.

Only one alternate insert page may be included for each of these sections. Return of Contributions and/or Nonforfeiture Coverage may be omitted from the certificate based upon the decision of the Group Policyholder.

**Re: Description of G.LTC199 Plan of Benefits**

The plan of benefits described in form G.LTC199 ("Plan") is intended to provide qualified long-term care insurance coverage under Section 7702B(b) of the Internal Revenue Code. The Plan provides flexibility to Covered Persons by providing the same daily benefit level for Home Care services provided by a Formal Caregiver and care in a Nursing Home and certain other facilities. This provides Covered Persons with the option to remain at home for as long as possible. The services covered are Type I and Type II Covered Services.

**Type I Covered Services may include:**

- Initial Care Advisory Visit
- Transition Expense Benefit

**Type II Covered Services may include:**

- Nursing Home
- Hospice Facility
- Assisted Living Facility
- Home Care
- Care Advisory Services
- Hospice Care at Home
- Adult Day Care
- Informal Care
- Respite Services

For an insured who is Eligible for Benefits (as defined in the certificate), the Plan provides two levels of coverage for Type II Covered Services, except Hospice Home Care and Adult Day Care, as follows:

- Level One Benefits for a Covered Person who is unable to perform 2 of 6 Activities of Daily Living; or
- Level Two Benefits for a Covered Person who is unable to perform 3 (or more) of 6 Activities of Daily Living or who has Severe Cognitive Impairment.

Level One and Level Two Benefits are specified in the Schedule of Benefits.

**Re: Comparison of G.LTC 199 with G.LTC6197**

While we developed certificate form G.LTC199 based upon certificate form G.LTC6197, which was previously approved by your Department, the new form is significantly different from the previous form. As such, a comparison of the two forms is not provided.

**Re: Variable Material**

Text that is subject to variation has been indicated by brackets. Variable material will be modified in accordance with the Explanation of Variable Material that is enclosed for the following forms:

G.LTC199	VA	Group Certificate
G.LTC199/OOC		Outline of Coverage

**Re: Readability Certification**

The officer signing below certifies that the forms listed below achieve the Flesch Reading Ease Score shown:

G.LTC199	VA	56.06
G.LTC199/OOC	VA	50.43
CR1-G.LTC297/397		51.00
CR2-G.LTC297/397		58.79
CR3-G.LTC297/397		58.74
CR-G.LTC297		57.52
PA99-LTC		74.54
END99-LTC		73.55
CR99-LTC		72.37

**Re: Filing Correspondence Instructions**

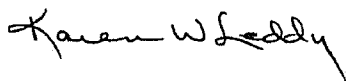
Please address all correspondence regarding the above filing to:

Metropolitan Life Insurance Company  
Attn: Ms. Sandra Bennett, Contract Filing Unit  
One Madison Avenue, Area 4G  
New York, New York 10160-0365

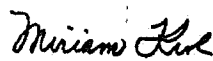
Page 5

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left hand corner of page 1 of this letter).

Very truly yours,



Karen W. Leddy



Miriam Krol  
Vice President

050308019975

W99-2 KL



May 5, 1998

Commonwealth of Virginia  
State Corporation Commission  
Bureau of Insurance  
1300 E. Main Street  
Richmond, VA 23219

ATTN: Althea P. Battle

Re: Metropolitan Life Insurance Company  
Submission No: 007 000009401  
ACS Reference Filing #: MET/3  
Forms: GLTC197 et al  
Your letter of March 26, 1998

Dear Ms Battle:

This letter is intended to address the comments you have raised in connection with the MetLife long term care filing. Our response to each of those comments is noted below. Please find enclosed duplicate copies of the master policy, form GLTC2798 which is intended to replace the master policy which was contained with our resubmission dated March 17, 1998. We have reviewed all forms to assure we are in compliance with your requirements.

1. The Entire Contract provision of the Policy has been amended to refer to the copy being furnished to the person's "beneficiary or personal representative". The policy is only for policies situated in Virginia.
2. The Grace Period provision of the Policy has been amended to refer to the provision not applying to the first premium and also that the Policy will remain in force during the grace period unless the Policyholder has sent written notice of termination.

2811 Madison Road, Cincinnati, Ohio 45208 Phone: 513.533.4444 Fax: 513.533.4468  
e-mail: nvanover@andrewsconsulting.com



APPROVED

DATE

BY

Commonwealth of Virginia  
State Corporation Commission  
Bureau of Insurance

DATE 5/24/98

BY GLB

050307045007

May 5, 1998  
Page 2

3. Per your letter of May 1, 1998, the enrollment forms in final printed copies were received in your office on April 20, 1998.

With these changes, we trust the forms may now be considered for final approval.

Sincerely,

Nancy Vanover  
Project Manager

NV/sc

050307045007



Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: [mark.newton@metlife.com](mailto:mark.newton@metlife.com)



**Mark Newton , FSA, MAAA**

September 14, 2021

Mr. Bill Dismore  
Virginia Bureau of Insurance State Corporation Commission  
P.O. Box 1157  
Richmond, VA 23218

Re: Objection Letter Dated August 27, 2021  
SERFF Tracking #: META-132957076  
Company Tracking #: CT21-83 GROUP (PRE-RATE) CS

Thank you for your letter of August 27, 2021. Below are our responses to your questions.

### **Objection 1**

- L&H Actuarial Memorandum (Supporting Document)

Comments: General Information & Actuarial Memorandum

In the Filing Description and Actuarial Memorandum, the company states, "We intend to provide certificateholders with a minimum of 60 days advance written notice prior to the first effective date of the premium rate schedule increase." 14VAC5-200-75 5. D. requires an insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer.

Please revise the Filing Description and Actuarial Memorandum to state the correct minimum advance written notice.

[MetLife Response:] Please see the updated Filing Description, Actuarial Memorandum and Act memo supplement noting the 75 day required advance written notice.

### **Objection 2**

- Certification of Compliance/Readability (Supporting Document)

Comments: Please identify each form submitted that is referred to in the Certification of Compliance.

[MetLife Response:] The forms submitted that is referred to in the Certification of Compliance are the "Group Coverage Change Form\_Generic" and the "VA\_Group Insured Letter."

### **Objection 3**

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide the SERFF Tracking # on the Rate Request Summary

[MetLife Response:] The SERFF Tracking # has been added to the Rate Request Summary.

### **Objection 4**

- VA\_Group\_Pre Rs Rates\_with\_11.43%Increase, [GPNP99-LTC, G.LTC2798] (Rate)

Comments: Please include the applicable policy forms on the Proposed Premium Rate Schedules so that the schedules are associated with each form.

[MetLife Response:] Please see the updated Proposed Premium rate Schedules to include the associated forms.

**Objection 5**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all exhibits in Excel with working formulas.

[MetLife Response:] Please see the file named "IB\_VA\_Group\_Exhibits for Objection Response".

**Objection 6**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain why the historical experience is not provided at least through 12/31/2020.

The exhibits should be updated through that point since the previous rate increase (SERFF # META-13064719 was approved on 11/21/2019 and was not fully implemented by 12/31/2019.

[MetLife Response:] Please see the file named "IB\_VA\_Group\_Exhibits for Objection Response".

**Objection 7**

- Group Coverage Change Form Generic (Supporting Document)

Comments: Please provide the form # and the SERFF Tracking # under which this form was approved by the Virginia Bureau of Insurance.

[MetLife Response:] The Group Coverage Change Form Generic has been submitted for your review in the current filing. However, the form was previously approved by the Virginia Bureau of Insurance on 11-21-2019 under SERFF # META-130649719.

**Objection 8**

- VA Group Insured Letter (Supporting Document)

Comments: Please provide the SERFF Tracking # under which form L0520003752[exp0521][VA] was approved in Virginia.

[MetLife Response:] The VA Group Insured Letter has been submitted for your review in the current filing. However, the form was previously approved by the Virginia Bureau of Insurance on 11-21-2019 under SERFF # META-130649719.

**Objection 9**

- Certification of Compliance/Readability (Supporting Document)

Comments: Pursuant to 14VAC5-200-155 please provide evidence that the group policy or certificate has been approved by Virginia.

[MetLife Response:] Evidence of the VA approved group policy/certificate has been provided under Supporting Documentation.

Thank you for your timely response and consideration.

Sincerely,



Mark D. Newton, FSA, MAAA  
AVP & Actuary, Metropolitan Life Insurance Company

**Exhibit I-A**  
**Metropolitan Life Insurance Company**  
**Nationwide Experience Projections (Premiums Normalized to Include Prior Authorized Increases)**  
**Policies Issued Before October 1, 2003**  
**Lapses Assumed 25% Higher Than Expected**

	Calendar Year	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest			Premium Factors							Calendar Year		Effective Int Rate	Disc / Accum Factor
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistence	Premium Persistence			Calendar Year	Mid-Year		
Historical Experience	1989	73,628	549	0.0%	9,365	279,463	11,923,723	0.0%									1989	3.796	4.47%	3.796
	1990	3,291,899	98,336	3.0%	9,365	11,923,723	357,274	3.0%									1990	3.632	4.47%	3.632
	1991	8,443,565	142,027	1.7%	27,369	29,364,307	493,928	1.7%									1991	3.4777	4.47%	3.4777
	1992	13,520,428	1,315,367	9.7%	34,354	45,008,192	4,378,729	9.7%									1992	3.3289	4.47%	3.3289
	1993	24,816,917	1,902,133	7.7%	57,290	79,078,093	6,061,068	7.7%									1993	3.1865	4.47%	3.1865
	1994	29,637,821	2,508,690	8.5%	59,232	90,998,633	7,651,791	8.5%									1994	3.0501	4.47%	3.0501
	1995	33,068,360	3,484,457	10.5%	63,077	96,546,264	10,173,207	10.5%									1995	2.9196	4.47%	2.9196
	1996	36,430,220	6,222,226	17.1%	74,545	101,810,330	17,389,049	17.1%									1996	2.7947	4.47%	2.7947
	1997	42,468,588	3,361,960	7.9%	76,835	113,607,004	8,993,522	7.9%									1997	2.6751	4.47%	2.6751
	1998	45,106,345	7,608,794	16.9%	80,833	115,600,044	19,483,202	16.9%									1998	2.5636	4.47%	2.5636
	1999	50,261,013	19,962,619	39.7%	94,132	123,192,135	48,929,330	39.7%									1999	2.4510	4.47%	2.4510
	2000	59,252,230	16,498,260	27.8%	110,310	139,015,644	38,707,677	27.8%									2000	2.3462	4.47%	2.3462
	2001	72,423,071	24,096,657	33.3%	137,432	162,645,910	54,115,666	33.3%									2001	2.2458	4.47%	2.2458
	2002	85,008,419	25,945,111	30.4%	152,756	182,740,741	55,558,671	30.4%									2002	2.1497	4.47%	2.1497
	2003	93,553,730	28,624,203	30.6%	157,801	192,504,896	58,899,835	30.6%									2003	2.0577	4.47%	2.0577
	2004	96,194,672	28,933,463	30.1%	159,470	189,469,332	56,988,643	30.1%									2004	1.9696	4.47%	1.9696
	2005	100,403,633	32,894,484	32.8%	161,754	189,297,365	62,018,065	32.8%									2005	1.8854	4.47%	1.8854
	2006	107,749,544	34,224,832	31.8%	166,486	194,454,416	61,765,177	31.8%									2006	1.8047	4.47%	1.8047
	2007	110,466,590	40,769,359	36.9%	163,828	190,827,319	70,427,697	36.9%									2007	1.7275	4.47%	1.7275
	2008	112,751,271	48,694,199	43.2%	162,292	186,439,651	80,518,201	43.2%									2008	1.6535	4.47%	1.6535
	2009	114,142,603	41,275,673	36.2%	161,254	180,664,091	65,330,838	36.2%									2009	1.5828	4.47%	1.5828
	2010	114,808,673	43,306,967	37.7%	156,569	173,942,615	65,612,874	37.7%									2010	1.5151	4.47%	1.5151
	2011	115,235,342	46,094,318	40.0%	152,426	167,118,383	66,847,616	40.0%									2011	1.4502	4.47%	1.4502
	2012	111,542,568	51,714,488	46.4%	144,636	154,841,155	71,789,015	46.4%									2012	1.3882	4.47%	1.3882
	2013	106,829,981	53,376,152	50.0%	138,493	141,953,512	70,925,149	50.0%									2013	1.3288	4.47%	1.3288
	2014	104,305,378	56,031,429	53.7%	134,756	132,668,228	73,811,408	55.6%									2014	1.2719	4.47%	1.2719
	2015	102,711,615	72,602,078	70.7%	130,968	125,050,955	88,392,722	70.7%									2015	1.2175	4.47%	1.2175
	2016	102,551,246	72,006,974	70.2%	127,353	119,513,133	83,916,864	70.2%									2016	1.1654	4.47%	1.1654
	2017	101,109,094	96,498,471	95.4%	123,987	107,647,105	95,470,000	95.4%									2017	1.1155	4.47%	1.1155
	2018	97,557,627	96,052,925	98.5%	120,240	104,171,850	102,565,133	98.5%									2018	1.0678	4.47%	1.0678
	2019	97,157,264	110,901,214	114.1%	116,534	99,305,124	113,352,911	114.1%									2019	1.0221	4.47%	1.0221
Projected Future Experience	2020	111,606,893	104,313,002	93.5%	106,441	109,192,959	102,056,827	93.5%	1.2275	N/A	0.0874	N/A	0.913	0.936			2020	0.9784	4.47%	0.9784
	2021	120,558,875	111,587,635	92.6%	102,212	112,904,183	104,502,558	92.6%	1.3900	N/A	0.0397	N/A	0.960	0.954			2021	0.9365	4.47%	0.9365
	2022	114,800,929	118,885,847	103.6%	98,551	102,911,399	106,573,256	103.6%	1.3900	N/A	0.0398	N/A	0.964	0.952			2022	0.8964	4.47%	0.8964
	2023	126,193,641	115,601,454	91.6%	94,999	103,601,959	104,243,703	91.6%	1.3900	N/A	0.0398	N/A	0.964	0.950			2023	0.8591	4.47%	0.8591
	2024	103,411,229	133,527,552	129.1%	91,227	84,937,036	129,115,191	129.1%	1.3900	N/A	0.0387	N/A	0.961	0.948			2024	0.8214	4.47%	0.8214
	2025	97,731,233	141,096,444	144.4%	87,540	76,837,487	110,931,745	144.4%	1.3900	N/A	0.0404	N/A	0.960	0.945			2025	0.7862	4.47%	0.7862
	2026	92,113,551	148,704,671	161.4%	83,841	69,321,912	111,910,701	161.4%	1.3900	N/A	0.0423	N/A	0.958	0.943			2026	0.7526	4.47%	0.7526
	2027	86,538,233	166,263,418	192.1%	80,138	62,339,349	112,567,162	192.1%	1.3900	N/A	0.0442	N/A	0.956	0.939			2027	0.7204	4.47%	0.7204
	2028	80,983,535	163,680,090	202.1%	76,438	55,841,645	112,864,491	202.1%	1.3900	N/A	0.0462	N/A	0.954	0.936			2028	0.6895	4.47%	0.6895
	2029	75,572,295	170,895,216	226.1%	72,747	49,880,559	112,797,275	226.1%	1.3900	N/A	0.0483	N/A	0.952	0.933			2029	0.6600	4.47%	0.6600
	2030	70,260,351	177,724,573	253.0%	69,072	44,390,113	112,285,432	253.0%	1.3900	N/A	0.0505	N/A	0.949	0.930			2030	0.6318	4.47%	0.6318
	2031	65,077,361	184,224,020	282.9%	65,421	39,252,568	111,297,652	282.9%	1.3900	N/A	0.0528	N/A	0.947	0.926			2031	0.6046	4.47%	0.6046
	2032	60,047,679	189,725,264	316.0%	61,802	34,760,548	109,628,629	316.0%	1.3900	N/A	0.0553	N/A	0.945	0.923			2032	0.5789	4.47%	0.5789
	2033	55,171,822	194,622,873	352.8%	58,223	30,571,374	107,842,888	352.8%	1.3900	N/A	0.0579	N/A	0.942	0.919			2033	0.5541	4.47%	0.5541
	2034	50,453,285	198,583,819	393.6%	54,694	26,760,505	105,329,184	393.6%	1.3900	N/A	0.0606	N/A	0.939	0.914			2034	0.5304	4.47%	0.5304
	2035	45,942,385	201,452,516	438.5%	51,225	23,325,214	102,778,603	438.5%	1.3900	N/A	0.0634	N/A	0.937	0.911			2035	0.5077	4.47%	0.5077
	2036	41,624,875	203,114,967	488.0%	47,824	20,228,900	98,710,023	488.0%	1.3900	N/A	0.0664	N/A	0.934	0.906			2036	0.4860	4.47%	0.4860
	2037	37,508,831	203,526,636	542.6%	44,503	17,449,045	94,677,724	542.6%	1.3900	N/A	0.0694	N/A	0.931	0.901			2037	0.4652	4.47%	0.4652
	2038	33,659,046	202,661,028	602.1%	41,272	14,987,721	90,241,027	602.1%	1.3900	N/A	0.0726	N/A	0.927	0.897			2038	0.4453	4.47%	0.4453
	2039	30,047,546	200,518,896	667.3%	38,140	12,807,077	85,466,580	667.3%	1.3900	N/A	0.0759	N/A	0.924	0.893			2039	0.4262	4.47%	0.4262
	2040	26,685,741	197,130,471	738.7%	35,118	10,987,484	80,427,026	738.7%	1.3900	N/A	0.0792	N/A	0.921	0.888			2040	0.4080	4.47%	0.4080
	2041	23,590,539	192,567,323	816.3%	32,214	9,212,836	75,203,504	816.3%	1.3900	N/A	0.0827	N/A	0.917	0.884			2041	0.3905	4.47%	0.3905
	2042	20,749,900	186,933,185	900.9%	29,436	7,756,731	69,879,393	900.9%	1.3900	N/A	0.0862	N/A	0.914	0.880			2042	0.3738	4.47%	0.3738
	2043	18,157,806	180,354,236	993.3%	26,791	6,497,306	64,535,146	993.3%	1.3900	N/A	0.0899	N/A	0.910	0.875			2043	0.3578	4.47%	0.3578
	2044	15,898,345	172,946,674	1094.0%	24,285	5,414,565	59,236,501	1094.0%	1.3900	N/A	0.0935	N/A	0.906	0.871			2044	0.3425	4.47%	0.3425
	2045	13,691,917	164,843,775	1203.9%	21,921	4,488,990	54,045,180	1203.9%	1.3900	N/A	0.0973	N/A	0.903	0.866			2045	0.3279	4.47%	0.3279
	2046	11,795,374	156,184,152	1324.1%	19,702	3,701,718	49,014,955	1324.1%	1.3900	N/A	0.1012	N/A	0.899	0.861			2046	0.3138	4.47%	0.3138</

**Exhibit I-A**  
**Metropolitan Life Insurance Company**  
**Nationwide Experience Projections (Premiums Normalized to Include Prior Authorized Increases) and With 11.43% Future Increase**  
**Policies Issued Before October 1, 2003**  
**Lapses Assumed 25% Higher Than Expected**

	Calendar Year	Loss Ratio Demonstration					Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors						
		Without Interest					With Interest					Premium Persistence Factors					Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistence	Premium Persistence				
Historical Experience	1989	73,628	-	0.0%	649	279,463	-	0.0%	-	-	-	-	-	-	-	4.47%	3.7956	
	1990	3,281,899	98,336	3.0%	9,365	11,923,723	357,274	3.0%	-	-	-	-	-	-	-	4.47%	3.6332	
	1991	8,443,565	142,027	1.7%	27,369	29,364,307	493,928	1.7%	-	-	-	-	-	-	-	4.47%	3.4777	
	1992	13,520,428	1,315,367	9.7%	34,354	45,008,192	4,378,729	9.7%	-	-	-	-	-	-	-	4.47%	3.3289	
	1993	24,816,917	1,802,133	7.7%	57,290	79,078,093	6,061,068	7.7%	-	-	-	-	-	-	-	4.47%	3.1865	
	1994	29,637,821	2,508,690	8.5%	59,232	90,398,633	7,651,781	8.5%	-	-	-	-	-	-	-	4.47%	3.0501	
	1995	33,068,360	3,484,457	10.5%	63,077	96,546,264	10,173,207	10.5%	-	-	-	-	-	-	-	4.47%	2.9196	
	1996	36,430,220	6,222,226	17.1%	74,545	101,810,330	17,389,049	17.1%	-	-	-	-	-	-	-	4.47%	2.7947	
	1997	42,468,588	3,361,960	7.9%	76,835	113,607,004	8,993,522	7.9%	-	-	-	-	-	-	-	4.47%	2.6761	
	1998	45,106,345	7,608,794	16.9%	80,833	115,600,044	19,483,202	16.9%	-	-	-	-	-	-	-	4.47%	2.5650	
	1999	50,261,013	19,962,619	39.7%	94,132	123,192,135	48,929,330	39.7%	-	-	-	-	-	-	-	4.47%	2.4510	
	2000	59,252,230	16,498,260	27.8%	110,310	139,015,644	38,707,677	27.8%	-	-	-	-	-	-	-	4.47%	2.3462	
	2001	72,423,071	24,096,657	33.3%	137,432	162,645,910	54,115,666	33.3%	-	-	-	-	-	-	-	4.47%	2.2458	
	2002	85,008,419	25,845,111	30.3%	152,756	182,740,741	55,558,671	30.4%	-	-	-	-	-	-	-	4.47%	2.1497	
	2003	93,553,730	28,624,203	30.6%	157,801	192,504,896	58,899,835	30.6%	-	-	-	-	-	-	-	4.47%	2.0577	
	2004	96,194,672	28,933,463	30.1%	159,470	189,469,332	56,988,643	30.1%	-	-	-	-	-	-	-	4.47%	1.9696	
	2005	100,403,633	32,894,484	32.8%	161,754	189,297,365	62,018,065	32.8%	-	-	-	-	-	-	-	4.47%	1.8854	
	2006	107,749,544	31,876,416	29.6%	166,486	194,454,416	61,765,177	31.8%	-	-	-	-	-	-	-	4.47%	1.8047	
	2007	110,466,590	40,769,359	36.9%	163,828	190,827,319	70,427,697	36.9%	-	-	-	-	-	-	-	4.47%	1.7275	
	2008	112,751,271	48,694,199	43.2%	162,292	186,439,651	80,518,201	43.2%	-	-	-	-	-	-	-	4.47%	1.6535	
2009	114,142,603	41,275,673	36.2%	161,254	180,664,091	65,330,838	36.2%	-	-	-	-	-	-	-	4.47%	1.5828		
Projected Future Experience	2010	114,808,673	43,306,967	37.7%	156,569	173,942,615	65,612,874	37.7%	-	-	-	-	-	-	-	4.47%	1.5151	
	2011	115,235,342	46,094,318	40.0%	152,426	167,118,383	66,847,616	40.0%	-	-	-	-	-	-	-	4.47%	1.4502	
	2012	111,542,568	51,714,488	46.4%	144,636	154,841,155	71,789,015	46.4%	-	-	-	-	-	-	-	4.47%	1.3882	
	2013	106,829,981	53,376,152	50.0%	138,493	141,953,512	70,925,149	50.0%	-	-	-	-	-	-	-	4.47%	1.3288	
	2014	104,305,378	56,031,429	55.6%	134,756	132,668,228	73,811,408	55.6%	-	-	-	-	-	-	-	4.47%	1.2719	
	2015	102,711,615	72,602,078	70.7%	130,966	125,050,955	88,392,722	70.7%	-	-	-	-	-	-	-	4.47%	1.2175	
	2016	102,551,246	72,006,974	70.2%	127,353	119,513,133	83,916,864	70.2%	-	-	-	-	-	-	-	4.47%	1.1654	
	2017	101,109,094	96,498,471	95.4%	123,987	112,790,400	107,647,105	95.4%	-	-	-	-	-	-	-	4.47%	1.1155	
	2018	97,557,627	96,052,925	98.5%	120,240	104,171,850	102,565,133	98.5%	-	-	-	-	-	-	-	4.47%	1.0678	
	2019	97,157,264	110,912,264	114.1%	116,634	99,305,124	113,352,911	114.1%	-	-	-	-	-	-	-	4.47%	1.0221	
	2020	111,606,893	104,313,002	93.5%	106,441	109,192,959	102,056,827	93.5%	1.2275	1.0000	0.0874	1.0000	0.913	0.936	4.47%	0.9784		
	2021	122,671,238	111,420,254	90.8%	102,059	114,882,425	104,345,804	90.8%	1.4165	1.0000	0.0412	0.9985	0.959	0.954	4.47%	0.9365		
	2022	126,963,255	117,894,203	92.9%	97,812	113,814,116	105,773,957	92.9%	1.5489	1.0000	0.0416	0.9925	0.958	0.952	4.47%	0.8964		
	2023	120,457,934	120,511,971	100.1%	94,045	107,269,581	107,269,581	100.1%	1.5489	1.0000	0.0385	0.9910	0.961	0.962	4.47%	0.8591		
	2024	114,194,052	132,325,804	115.9%	90,406	93,794,209	108,686,871	115.9%	1.5489	1.0000	0.0397	0.9910	0.961	0.962	4.47%	0.8214		
	2025	107,921,795	139,826,576	129.6%	86,752	84,849,431	109,933,359	129.6%	1.5489	1.0000	0.0404	0.9910	0.960	0.945	4.47%	0.7862		
	2026	101,718,350	147,366,328	144.9%	83,086	76,550,198	110,903,505	144.9%	1.5489	1.0000	0.0423	0.9910	0.958	0.943	4.47%	0.7526		
	2027	96,561,687	164,667,104	170.3%	79,417	68,639,564	111,554,599	170.3%	1.5489	1.0000	0.0442	0.9910	0.956	0.939	4.47%	0.7204		
	2028	89,427,794	162,206,969	181.4%	75,750	61,664,326	111,848,710	181.4%	1.5489	1.0000	0.0462	0.9910	0.954	0.936	4.47%	0.6895		
	2029	83,452,316	169,357,160	202.9%	72,092	55,081,670	111,782,100	202.9%	1.5489	1.0000	0.0483	0.9910	0.952	0.933	4.47%	0.6600		
2030	77,586,489	176,125,052	227.0%	68,450	49,018,728	111,274,863	227.0%	1.5489	1.0000	0.0505	0.9910	0.949	0.930	4.47%	0.6318			
2031	71,856,444	183,479,706	255.6%	64,832	43,455,912	110,295,452	255.6%	1.5489	1.0000	0.0528	0.9910	0.947	0.926	4.47%	0.6046			
2032	66,308,929	188,017,736	283.5%	61,245	38,385,077	108,840,172	283.5%	1.5489	1.0000	0.0553	0.9910	0.945	0.923	4.47%	0.5789			
2033	60,924,659	192,871,267	316.6%	57,699	33,759,091	106,872,302	316.6%	1.5489	1.0000	0.0579	0.9910	0.942	0.919	4.47%	0.5541			
2034	55,714,115	196,796,565	353.2%	54,202	29,550,858	104,381,221	353.2%	1.5489	1.0000	0.0606	0.9910	0.939	0.914	4.47%	0.5304			
2035	50,732,858	199,639,443	393.5%	50,764	25,757,364	101,358,096	393.5%	1.5489	1.0000	0.0634	0.9910	0.937	0.911	4.47%	0.5077			
2036	45,965,155	201,286,932	437.9%	47,393	22,338,194	97,821,632	437.9%	1.5489	1.0000	0.0664	0.9910	0.934	0.906	4.47%	0.4860			
2037	41,421,030	201,694,896	486.9%	44,102	19,268,480	93,825,625	486.9%	1.5489	1.0000	0.0694	0.9910	0.931	0.901	4.47%	0.4652			
2038	37,168,719	200,837,079	540.3%	40,900	16,550,510	89,428,858	540.3%	1.5489	1.0000	0.0726	0.9910	0.927	0.897	4.47%	0.4453			
2039	33,183,643	198,714,226	598.9%	37,797	14,142,488	84,697,381	598.9%	1.5489	1.0000	0.0759	0.9910	0.924	0.893	4.47%	0.4262			
2040	29,466,298	196,356,296	662.9%	34,802	12,022,736	79,703,183	662.9%	1.5489	1.0000	0.0792	0.9910	0.921	0.888	4.47%	0.4080			
2041	26,050,356	190,834,217	732.6%	31,924	10,173,471	74,526,672	732.6%	1.5489	1.0000	0.0827	0.9910	0.917	0.884	4.47%	0.3905			
2042	22,913,519	185,250,786	808.5%	29,171	8,565,535	69,250,478	808.5%	1.5489	1.0000	0.0862	0.9910	0.914	0.880	4.47%	0.3738			
2043	20,051,144	178,731,048	891.4%	26,550	7,174,788	63,954,330	891.4%	1.5489	1.0000	0.0899	0.9910	0.910	0.875	4.47%	0.3578			
2044	17,456,701	171,390,154	981.8%	24,066	5,979,149	58,703,372	981.8%	1.5489	1.0000	0.0935	0.9910	0.906	0.871	4.47%	0.3425			
2045	15,119,591	163,360,181	1080.5%	21,723	4,957,063	53,558,773	1080.5%	1.5489	1.0000	0.0973	0.9910	0.903	0.866	4.47%	0.3279			
2046	13,025,293	154,778,495	1188.3%	19,525	4,087,701	48,573,820	1188.3%	1.5489	1.0000	0.1012	0.9910	0.899	0.861	4.47%	0.3138			
2047	11,161,426	145,762,195	1305.9%	17,471	3,352,884	43,786,857	1305.9%	1.5489	1.0000	0.1052	0.9910	0.895	0.857	4.47%	0.3004			
2048	9,512,730	136,416,076	1434.0%	15,562	2,735,340	39,225,798	1434.0%	1.5489	1.0000	0.1092	0.9910	0.891	0.852	4.47%	0.2875			
2049	8,063,795	125,573,133	1557.3%	13,789	2,219,489	34,914,937	1557.3%	1.5489	1.0000	0.1136	0.9910	0.887	0.848	4.47%	0.2752			
2050	6,798,523	117,202,601	1723.9%	12,176	1,917,163	30,876,616	1723.9%	1.5489	1.0000	0.1186	0.9910	0.882	0.843	4.47%	0.2635			
2051	5,700,367	107,593,728	1887.5%	10,991	1,437,575	27,134,099	1887.5%	1.5489	1.0000	0.1239	0.9910	0.878	0.838	4.47%	0.2524			
2052	4,753,169	98,142,076	2064.8%	9,340	1,147,409	23,691,939	2064.8%	1.5489	1.0000	0.1293	0.9910	0.874	0.834	4.47%	0.2414			
2053	3,941,269	88,947,660	2256.8%	8,115	910,736	20,553,074	2256.8%	1.5489	1.0000	0.1350	0.9910	0.869	0.829	4.47%	0.2311			
2054	3,249,847	80,098,175	2464.7%	7,019	718,807	17,716,263	2464.7%	1.5489	1.0000	0.1404	0.9910	0.865	0.825	4.47%	0.2211			
2055	2,664,931	71,676,925	2689.6%	6,036	564,213	15,175,288	2689.6%	1.5489	1.0000	0.1459	0.9910							

**2020 JRI - Prospective Present Value (PPV) Method**  
**Computation of Allowable Rate Increase for Long-Term Care Insurance per NAIC Model Bulletin as Adopted in August 2014**  
**Group Policy**

**A) Base Formula**

$$\text{Rate Increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left( \frac{0.6 + 0.8C}{1 + C} \right) \Delta PV(\text{future earned premiums})}{0.8 * PV_{\text{current}}(\text{future earned premiums})}$$

A(1) Δ PV(future incurred claims 2017-2020)	=	(158,683,386)
A(2) Δ PV(future earned premiums 2017-2020)	=	12,380,014
A(3) Cumulative Rate Increase to-date (C)	=	39.00%
A(4) $\frac{0.6 + 0.8C}{1 + C}$	=	0.66
A(5) Numerator: A(1) - A(4) x A(2)	=	(166,806,100)
A(6) PV <sub>current</sub> (future earned premiums 2017-2020)	=	1,630,480,991
A(7) 80% of PV <sub>current</sub> (future earned premiums 2017-2020): 0.80 x (6)	=	1,304,384,793
<b>A(8) Allowable Current Rate Increase (between 2017 to 2020): A(5) / A(7) not less than 0</b>	=	<b>0.00%</b>
A(9) Pre-2017 Justifiable Rate Increase	=	57.46%
<b>A(10) 2020 Justifiable Rate Increase: [(1+A(8))*(1+A(9))]-1</b>	=	<b>57.46%</b>
A(11) Cumulative Rate Increase Approved as of 9/30/2020	=	39.00%
<b>A(12) Remaining Request: [(1+A(10))/(1+A(11))]-1</b>	=	<b>13.28%</b>

If-Knew Blended Calculation	
Loss ratio at the original premium level	99.1%
Minimum loss ratio applicable to the form	73.0%
If-knew increase	35.7%
Make-up Increase	121.8%
Remaining policyholders percentage	39.4%
Blended Increase	69.6%
Cost-sharing increase	61.2%
Approved Increase to Date	39.0%
Maximum Allowable Increase	16.0%

Layer	Policyholder Share
15.0%	100%
35.0%	90%
19.6%	75%
0.0%	65%
0.0%	50%
69.6%	

Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: [mark.newton@metlife.com](mailto:mark.newton@metlife.com)



**Mark Newton , FSA, MAAA**

November 2, 2021

Mr. Bill Dismore  
Virginia Bureau of Insurance State Corporation Commission  
P.O. Box 1157  
Richmond, VA 23218

Re: Objection Letter Dated September 30, 2021  
SERFF Tracking #: META-132957076  
Company Tracking #: CT21-83 GROUP (PRE-RATE) CS

Thank you for your letter of September 30, 2021. Below are our responses to your questions.

**Objection 1**

-L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the active life reserve balance for the policies covered by the projections as of 12/31/2020.

[MetLife Response] \$1,670,208,197

**Objection 2**

-L&H Actuarial Memorandum (Supporting Document)

Comments: Attachment 4 shows an A/E for lapse of 128.2% at durations 13+. Please provide a sensitivity projection assuming lapses are 25% higher than expected.

[MetLife Response] Please see the projection provided with the response. Note that without the rate increase the Lifetime Loss Ratio changed from 88.9% to 87.7% with the higher lapse assumption. With the rate increase, the projected Lifetime Loss Ratio changed from 86.7% to 85.6%

**Objection 3**

-L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide projections and demonstrations of the both the Prospective PV Method and If-Knew/Makeup Blend as described in the attached memo.

[MetLife Response] Please see the file named "If-Knew Blended and PPV Calculations" provided with this response.

**Objection 4**

-L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

[MetLife Response] Please see Attachment 7 included with the response.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink that reads "Mark D. Newton". The script is fluid and cursive, with the first letters of each word being capitalized and prominent.

Mark D. Newton, FSA, MAAA  
AVP & Actuary, Metropolitan Life Insurance Company



Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: gjisonna@metlife.com



**Gina Jisonna, Manager – Product Development**

November 29, 2021

Mr. Bill Dismore  
Virginia Bureau of Insurance State Corporation Commission  
P.O. Box 1157  
Richmond, VA 23218

Re: Objection Letter Dated November 15, 2021  
SERFF Tracking #: META-132957076  
Company Tracking #: CT21-83 GROUP (PRE-RATE) CS

Thank you for your letter of November 15, 2021. Below are our responses to your questions.

**Objection 1**

- *Group Coverage Change Form Generic (Supporting Document)*
- *VA Group Insured Letter (Supporting Document)*

*Comments: In the company's 9/14/2021 objection response, it stated that the Group Coverage Change Form and VA Group Insured Letter were approved under SERFF # META-130649719. However, these two forms do not match those filed under META-130649719. Please explain or provide the correct SERFF Tracking # for the notification letter and change form approvals.*

**MetLife Response:** The VA Group Insured Letter and Coverage Change Form submitted for your review in this filing were based on the forms previously approved under SERFF # META-130649719. We made updates to the format as well as minor updates to the language and are requesting the department review the forms with the understanding that they include the required language that was agreed upon in the previous referenced filing.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink that reads 'Gina Jisonna'. The signature is fluid and cursive, with a long, sweeping underline.

Gina Jisonna

Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: gjisonna@metlife.com



**Gina Jisonna, Manager – Product Development**

December 22, 2021

Mr. Bill Dismore  
Virginia Bureau of Insurance State Corporation Commission  
P.O. Box 1157  
Richmond, VA 23218

Re: Objection Letter Dated November 15, 2021  
SERFF Tracking #: META-132957076  
Company Tracking #: CT21-83 GROUP (PRE-RATE) CS

Thank you for your letter of November 29, 2021. Below are our responses to your questions.

**Objection 1**

*- Objection Response 2021-11-29 (Supporting Document)*

*Comments: 1) Please place all forms that have changes, no matter how minor, under the Form Schedule for review and approval.*

*2) Please provide a redline version of the form(s) that show the changes made by the company.*

*3) Please provide a redline version of the EOV documents provided under the Supporting Documentation tab.*

**MetLife Response:** Forms have been added to the Form Schedule and redlined copies have been provided under the Supporting Documentation tab.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink that reads 'Gina Jisonna'. The signature is fluid and cursive, with a large, stylized 'G' at the beginning.

Gina Jisonna

Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: [mark.newton@metlife.com](mailto:mark.newton@metlife.com)



**Mark Newton , FSA, MAAA**

December 22, 2021

Mr. Bill Dismore  
Virginia Bureau of Insurance State Corporation Commission  
P.O. Box 1157  
Richmond, VA 23218

Re: Objection Letter Dated November 30, 2021  
SERFF Tracking #: META-132957076  
Company Tracking #: CT21-83 GROUP (PRE-RATE) CS

Thank you for your letter of November 30, 2021. Below are our responses to your questions.

### **Objection 1**

Please explain the rationale behind the rate increase request for Virginia policyholders in response to the following:

1) Since the current anticipated Lifetime Loss Ratio is less than the anticipated Lifetime Loss Ratio stated in the previous rate filing (META-130649719) with the approved rate increase, the risk pool is improving rather than degrading. The anticipated lifetime loss ratio with the previously approved rate increase was 93.9%. The current anticipated Lifetime Loss Ratio is 88.9% without a rate increase. The Virginia experience, while not credible, is performing better than the nationwide experience. Explain why a rate increase has been requested when the nationwide anticipated lifetime loss ratio is better than the loss ratio anticipated in the previous filing.

[MetLife Response] MetLife's evaluation of the Justifiable Rate Increase ("JRI") uses the Prospective Present Value Method ("PPV") as described in the document titled "Approaches to Reviewing Premium Rate Increases" published by the NAIC LTC Pricing Subgroup in October 2018. This method aims at preventing companies from the recoupment of past losses by considering only future projections. Our prior method in determining the JRI was based on the "If-Knew" method, which calculates the premium needed at time zero to achieve the original loss ratio if all current experience had been known at inception. The change was made as a result of the Company observing the PPV method being adopted by an increasing number of states in recent years. However, please note that, neither method allows for any recoupment of past losses and MetLife cannot retroactively charge such premiums, so all historical losses stemming from past premium shortfalls are taken by the Company.

2) Virginia policyholders (516) represent less than 0.5% of the nationwide block. There are 21 states that have granted rate increases ranging from 0% to 27.5% and represent 37.1% of the nationwide block. This is less than the cumulative average rate increase approved in Virginia of 39%. Since the anticipated lifetime loss ratio has improved and there are still a number of states in which rate increases are well below the 39% VA cumulative. Explain why the VA rate increase request is not premature, especially since the last rate increase was approved on 11/21/2019 and may not be fully implemented.

[MetLife Response] MetLife requests the same cumulative increase in all states nationwide and plans to continue to do so. The requested rate increase will become effective on the first day of the month following at least a 60 day advance written notification to the certificateholder. Further, implementation will not begin until the prior increase has been fully implemented.

3) In the previous filing, the company stated that it was going to continue to file rate increases in all states until 45% cumulative rate increases were achieved. Explain why the company has adjusted this target to 55%.

[\[MetLife Response\]](#) Please see the response to Objection 1 above.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink that reads "Mark D. Newton". The signature is written in a cursive, flowing style.

Mark D. Newton, FSA, MAAA  
AVP & Actuary, Metropolitan Life Insurance Company

Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: [mark.newton@metlife.com](mailto:mark.newton@metlife.com)



**Mark Newton , FSA, MAAA**

January 26, 2022

Mr. Bill Dismore  
Virginia Bureau of Insurance State Corporation Commission  
P.O. Box 1157  
Richmond, VA 23218

Re: Objection Letter Dated December 27, 2021  
SERFF Tracking #: META-132957076  
Company Tracking #: CT21-83 GROUP (PRE-RATE) CS

Thank you for your letter of December 27, 2021. Below are our responses to your objections, which includes our email correspondence.

### **Objection 1**

1. *Please note that in your response to our question 2) you state "... a 60 day advance written notification. . . ". Please confirm that the company is aware that the Virginia regulations (14VAC5-200-75) require a minimum 75-day advance written notice.*

**MetLife Response:** We are aware that Virginia regulations require a minimum of 75-day advance written notice. We apologize for the oversight in referencing 60 days.

2. *The company's response does not answer the question posted in our question 3). Please explain why the company is changing their statement that it would continue to file rate increases in all states until 45% cumulative rate increases were achieved to 55% cumulative rate increases. Provide justification that will withstand actuarial peer review as Virginia relied upon the company's past statement when considering their prior rate increase request.*

**Clarification provided through email on 1/12/2022:**

- a. *Please note that in your previous rate filing (META-130649719) the company was pursuing rate increases so that the nationwide total increase was 45%. In this filing (META-132957076), the company is now pursuing rate increases so that the nationwide cumulative total increase is 55%. **What changed to make the company now pursue a 55% nationwide average rate increase instead of the 45% nationwide total increase target in the previous filing?***

**MetLife Response:** MetLife's evaluation of the Justifiable Rate Increase ("JRI") uses the Prospective Present Value Method ("PPV") as described in the document titled "Approaches to Reviewing Premium Rate Increases" published by the NAIC LTC Pricing Subgroup in October 2018. This method aims at preventing companies from the recoupment of past losses by considering only future projections. Our prior method in determining the JRI was based on the "If-Knew" method, which calculates the premium needed at time zero to achieve the original loss ratio if all current experience had been known at inception. The change was made as a result of the Company observing the PPV method being adopted by an increasing number of states in recent years. However, please note that, neither method allows for any recoupment of past losses and MetLife cannot retroactively charge such premiums, so all historical losses stemming from past premium shortfalls are taken by the Company.

- b. *We noted that in the previous filing, the projected lifetime loss ratio with the approved increase was projected as 93.9%. In the current filing, the Lifetime Loss Ratio without the increase is 89% which is less than that projected in the previous filing. It appears to us that the block is improving rather than deteriorating. If VA approves the 11.43% rate increase, the projected Lifetime Loss Ratio will be 87%.*

**If VA approves the 11.43% rate increase explain how this is not a recoupment of past losses, especially when it appears that the Lifetime Loss Ratio improved without the requested rate increase.**

**MetLife Response:** Since the last filing, along with the industry, MetLife has begun using the prospective present value approach. This method is solely designed to address future premium shortfalls and future adverse claims experience for active lives only and is designed to never recoup past losses. MetLife's request is fully in compliance with that set of formulas.

As for the projection itself, it is expected that the calculation of Lifetime Loss Ratio ("LLR") will not be static at any point. It is largely dependent on the current set of Best Estimate assumptions, which follow historical experience. As the eventual development of the assumptions continues year-by-year, (hopefully) modest changes in the LLR will be normal and apparent. It is by no means a "given" that the LLR will always increase over time. Even if that were to be the case over time, temporary views of BE assumptions may add "noise", or small non-material deviations up or down to the LLR. We do not view these interim variations as material to the long-run results.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink that reads "Mark D. Newton". The signature is written in a cursive, flowing style.

Mark D. Newton, FSA, MAAA  
AVP & Actuary, Metropolitan Life Insurance Company



Metropolitan Life Long-Term Care  
P.O. Box 99028  
Hartford, CT 06199-0028

**Metropolitan Life Insurance Company**

Group Name: 00000  
Group #: 0000000000

John Doe

Increased Premium Amount Date: April 23, 2022

## Premium (Contribution) Increase Coverage Change Request Form

**If you intend to maintain your current coverage at the new increased premium, there is no need to return this form.**

Please use this form to request a decrease in your long-term care insurance coverage, if available, or to cancel your coverage. If you have any questions, you can speak with our **Customer Service team** at **1-800-308-0179**.

To request a coverage change check only ONE box below		
<b>Keep current coverage and pay premium increase</b>  <b>(No Action Required)</b>  Daily Benefit Amount: \$XXX.XX  Total Lifetime Benefit: X Years  Premium: \$XXX.XX monthly  <b>Note:</b> If you do not submit a selection, your coverage will remain the same and your new increased premium will become effective on April 23, 2022.	<input type="checkbox"/> <b>Reduce Daily Benefit and Minimize Premium Increase</b>  Daily Benefit Amount: \$XXX.XX  Premium: \$XXX.XX monthly	<input type="checkbox"/> <b>Reduce Lifetime Benefit and Minimize Premium Increase</b>  Total Lifetime Benefit: X Years  Premium: \$XXX.XX monthly
	<input type="checkbox"/> <b>Customized Decrease Option</b> <i>Please call the Customer Service team for available options and write your selection in the space provided below. <b>Please do not add a selection below if you have not discussed your options with our customer service team.</b></i>  _____	<input type="checkbox"/> <b>Coverage Termination</b>  <input type="checkbox"/> Please CANCEL my coverage. I understand that I will be provided with coverage under a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"). As you consider this option, please note that this is <b>limited</b> coverage and does not provide the same level of coverage you currently have.

I understand the certificate change(s) I have selected above. I agree that any change(s) will become effective on the premium rate increase date outlined above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign, date and return this form to the address listed below by March 1, 2022.  
Please make a copy of this form for your personal records. No Response is required if you are not making any changes.

***Metropolitan Life Insurance Company***  
***Long-Term Care \* PO Box 14634 \* Lexington, KY \* 40512-9938***  
***Phone: 1-800-308-0179***



Metropolitan Life Insurance Company  
Long-Term Care  
P.O. Box 990028  
Hartford, CT 06199-0028



Metropolitan Life Insurance Company

January 31, 2022

Group Name: 00000  
Group No: 0000000000



Increased Premium Amount Date:  
April 23, 2022.

John Doe  
123 Any Street  
Any City, State 00000

## Premium (Contribution) Increase Notification – Please review

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### Why MetLife is contacting you

This letter is to inform you we are implementing a premium increase of X% on your Long-Term Care (LTC) Insurance underwritten by Metropolitan Life Insurance Company (“MetLife”).

### What you need to know

We requested a X% increase on your certificate and received authority from the Virginia insurance regulator to implement the X% increase on your certificate. While the increase is scheduled to take place on April 1, 2022, (“Effective Date of Increase”), your premium is currently being waived under the Waiver of Contributions provision in your certificate. As a result, there will be no impact to your premium unless your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision. Please read below for information about your current and increased premium amounts, as well as options that may be available to you to lessen the impact of the rate increase. **If you choose to maintain your current coverage at the increased premium, you need not take any action at this time.**

This premium increase impacts a broad group of certificateholders and is not based on any individual’s personal factors such as age, health status or claims history. We understand how important your long-term care insurance coverage is to your personal financial plan. The decision to implement a premium increase was based on recent in-depth analysis of our Long-Term Care Insurance business. The predictions we use to calculate premiums, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase. Actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission’s webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

Your obligation to make premium payments resumes per the terms of the Waiver of Contributions provision in your certificate. Prior to the effective date of the increase, your premium rate increase

will not take effect until the effective date of the increase. If your obligation to make premium payments resumes after the effective date of the increase, you will be responsible for the increased premium rate at that time. Please note that the information regarding your current coverage provided in this letter may not reflect any recent coverage changes that have occurred or are scheduled to occur.

Effective Date:	April 23, 2022
Current Premium Amount:	\$XXX monthly
Increased Premium Amount:	\$YYY monthly

## Your Options

MetLife understands that a premium increase may not be affordable for some insureds. Therefore, we may offer you personalized options, if available, to help reduce the impact of the premium increase. Please review the enclosed Coverage Change Form to see what options are available to you.

**Please note that all options available may not be of equal value, based on your personal situation.**

## Things to consider

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your policy, and subject to any applicable regulatory approval, **WE RESERVE THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, similar options may be available; however, decreases in coverage can be made at any time, per the provisions of your certificate.

Please note that because the percentage approved is less than what we requested, it is likely that we will request an additional increase, and if that increase were approved, we would implement the additional increase no sooner than one year from the date indicated below. Note that any future increase would first be subject to the review and approval of the Virginia State Corporation Commission.

Please note that any changes in your coverage that cause your premium to increase that take effect between now and the Effective Date of Increase will be calculated at the **increased** rates. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this premium rate schedule at any time. If you are set up for automatic deductions, you do not need to take any action. The increased premium will be deducted on the next scheduled deduction date after the rate increase effective date.

## Cancellation Requests

If you choose to cancel your Long Term Care Insurance Coverage with MetLife, a limited long term care benefit may still be available to you. Please carefully evaluate your individual situation before selecting one of these options. We believe that long term care insurance should be considered in every financial plan and encourage you to maintain your certificate to retain the valuable protection it provides.

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days from the effective date of the rate increase, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the

sum of all premiums paid and waived prior to lapse **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, please note that the reduced Total Lifetime Benefit payable under LCUL will not exceed the remaining Total Lifetime Benefit in effect immediately prior to your date of lapse. Once LCUL goes into effect, your certificate will be considered “paid-up” with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For certificateholders who are eligible for, and meet the requirements for payment of, benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature (“CBUL”) as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL.

### **Next Steps**

- If you choose to decrease or cancel your coverage, please complete the enclosed Coverage Change / Cancellation Form and return it in the enclosed postage-paid envelope. If you are making a coverage change, we will need to receive your completed form by March 1, 2022 to ensure that any coverage changes take effect on the Effective Date of Increase. Please be advised that under the terms of your certificate, you may make decreases to your coverage at any time.


***Please note that all options available to the certificateholder may not be of equal value.***

- While you are entitled to receive limited coverage under LCUL if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, we will still need to receive your completed Coverage Change / Cancellation Form by March 1, 2022 if you wish to ensure that your cancellation is processed before the Effective Date of Increase.

### **At MetLife we're here to help**

We are ready to assist you. If you have any additional questions or would like to discuss your options in more detail, please call our Customer Service team at 1-800-308-0179. Call center representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,



Thomas G. Reilly, Assistant Vice President  
Product Management & Compliance  
Metropolitan Life Insurance Company

Encl: Coverage Change Form, Business Reply Envelope

Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: gjissona@metlife.com



**Gina Jissona**

February 24, 2022

Mr. Bill Dismore  
Virginia Bureau of Insurance State Corporation Commission  
P.O. Box 1157  
Richmond, VA 23218

Re: Objection Letter Dated January 29, 2022  
SERFF Tracking #: META-132957076  
Company Tracking #: CT21-83 GROUP (PRE-RATE) CS

Thank you for your letter of January 29, 2022. Below are our responses to your objections.

***Objection 1***

*-L&H Actuarial Memorandum (Supporting Document)*

*Comments: Please provide an explanation of the specific factors that the company watches that would trigger a future rate increase filing.*

**MetLife Response:** We have added the below language to Section 17 of the attached Actuarial Memorandum:

The predictions we use to calculate premiums and claim costs, including persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live) affect the decision for a rate increase.

Furthermore, please note that the requested rate increase is only filed when we believe that the emerging experience and assumptions about the future have substantially deviated from the previous assumptions and projections. If the requested premium rate schedule increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases would be anticipated.

It is important to note that the company regularly monitors the performance of the LTC business and takes an active management approach that balances the need to be responsive to emerging results without reacting to less than credible short term fluctuations.

***Objection 2***

*- VA Group Insured Letter, (Form)*

*Comments: Premium Increase Notification Letter and Premium (Contribution) Increase Coverage Change Request Form Pursuant to 14VAC5-101-60 1. The form number shall appear in the lower left-hand corner of the first page of each form. Please provide this form number in the proper location and also enter the Form Number under the appropriate section of the Form Schedule.*

**MetLife Response:** The form numbers have been included in the forms and added to the Forms tab, as requested.

### **Objection 3**

- VA Group Insured Letter, (Form)

*Comments: Premium Increase Notification Letter and Premium (Contribution) Increase Coverage Change Request Form Pursuant to 14VAC5-101-60 5. Each form shall be submitted in the final form in which it is to be marketed or issued, sufficiently completed in "John Doe" fashion to indicate how it is intended to be used.*

*Please provide a "John Doe" version of the Premium Increase Notification Letter and Premium Increase Coverage Change Request Form.*

**MetLife Response:** John Doe versions of the forms have been provided under Supporting Documentation.

### **Objection 4**

*Comments: Pursuant to 14VAC5-101-70 A. - G. please provide a readability certification for each form submitted under the Form Schedule tab.*

**MetLife Response:** The following readability certification scores have been added to the Form Schedule tab: VA\_Group Insured Letter REV – Score 50; Coverage Change Request Form – Score 57

### **Objection 5**

- VA Group Insured Letter, (Form)

*Comments: The last two sentences in paragraph 4 on page 1 does not provide a clear identification of the driving factors of the premium rate increase.*

*Below is an example of clear identification of driving factors that caused the premium rate increase.*

*[Example]: The reason for the rate increase is because the claims experience for all persons in your class has rapidly deteriorated over the past several years. The driving factors that led to the adverse experience include (a) higher-than-expected incidence of claims, especially at the higher ages, (b) claims lasting longer than originally anticipated, (c) higher cost of service per claim and (d) more services covered while disabled.*

**MetLife Response:** The letter has been updated with clear identification of the driving factors for the increase.

### **Objection 6**

- VA Group Insured Letter, (Form)

*Comments: Page 2, last sentence under "Your Options" should be in bold.*

**MetLife Response:** The sentence has been bolded.

### **Objection 7**

- VA Group Insured Letter, (Form)

*Comments: Page 2, under "Things to consider"*

*Please explain why "we reserve the right to increase rates in the future" appears twice in consecutive sentences. This is confusing.*

**MetLife Response:** The redundancy has been corrected.

### **Objection 8**

- VA Group Insured Letter, (Form)

*Comments: Page 2, 2nd paragraph (variable) states that the company is likely to request an additional increase if the full amount is not approved.*

*Please state the company's intentions on a future rate increase if the full amount requested is approved.*

**MetLife Response:** MetLife will undertake periodic reviews of the policies as experience continues to emerge. MetLife will also continue to consider product affordability, the anticipated lifetime loss ratio, changes in the assumptions underlying the pricing, and the impact on performance of the business. The policies are guaranteed renewable and provide for potential future rate increases on a class basis.

### **Objection 9**

- VA Group Insured Letter, (Form)

*Comments: Please clarify if the Coverage Change Form and Business Reply Envelope are included with every Premium Increase Notification letter. If the answer is "yes", then there is no need to make these two items variable in the form.*

**MetLife Response:** Both the coverage change form and the business reply envelope are included with every notification letter and, therefore, the brackets have been removed.

### **Objection 10**

- Group Coverage Change Form Generic, (Form)

*Comments: Premium (Contribution) Increase Coverage Change Request Form*

*Please explain what a "Customized Decrease Option" is and provide examples of the decrease options.*

**MetLife Response:** The "customized decrease option" is intended to allow the insured to call for other mitigation options if they do not want any of the decrease options presented on the Coverage Change form. Those additional options would be based on their current benefits and could include reducing to a lower DBA or TLB other than what we suggested on the form or could be a combination of decrease options.

### **Objection 11**

- VA Group Insured Letter, (Form)

*Comments: Page 1, 3rd paragraph the [DATE], ("Effective Date of Increase") is highlighted.*

*Please clarify if this highlighting of [DATE] is intended to be a part of the final form. If not, please remove the highlighting.*

**MetLife Response:** The highlighting has been removed.

### **Objection 12**

- VA Group Insured Letter, (Form)

*Comments: Statement of Variability - Certificateholder Notification Letter*

*The second bullet point under, "What You Need to Know indicates that the first 2 sentences in the second paragraph are only for insureds issued in CA and will not appear on most letters. This letter is for Virginia certificateholders, not California.*

*We are confused by this variability explanation as these 2 sentences are not bracketed as variable. Also, "insureds" are not issued, but "certificates or policies" are issued. There appears to be a misuse of terminology.*

**MetLife Response:** We have removed the references to California.

### **Objection 13**

- VA Group Insured Letter, (Form)

*Comments: Statement of Variability - Certificateholder Notification Letter*

*4th bullet under What You Need to Know does not have an explanation for the variable [EFFECTIVE DATE].*

**MetLife Response:** The Statement of Variability has been updated to address that variable.

### **Objection 14**

- VA Group Insured Letter, (Form)

*Comments: Statement of Variability - Certificateholder Notification Letter*

*1) 2nd bullet under Things to Consider does not have a bracketed sentence in the notification letter as indicated on the Statement of Variability.*

*2) There is no explanation regarding future company rate increases if the full requested rate increase is approved.*

**MetLife Response:** : The Statement of Variability has been updated.

**Objection 15**

- VA Group Insured Letter, (Form)

*Comments: Statement of Variability - Certificateholder Notification Letter*

*We were unable to find the bracketed Customer Service telephone number referenced in the last bullet under "Cancellation Requests".*

**MetLife Response:** The Statement of Variability has been updated.

**Objection 16**

- Group Coverage Change Form Generic, (Form)

*Comments: Group Coverage Change Form*

*1) Please explain how the certificateholder is able to keep a record of their Change Form options if they are instructed to mail the form to the company.*

*2) Does the company provide an online version of the form that can be completed on the company's website?*

*3) Is a certificateholder able to request changes by contacting the customer service department by telephone? Please explain if a signed and dated Premium Increase Coverage Change Request Form is a requirement.*

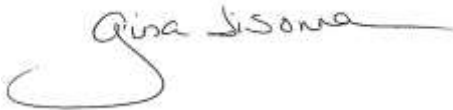
**MetLife Response:** 1) The insured can retain a record of their coverage change form in any manner they choose. They can make a copy, scan it or take a high-quality photograph before returning their form.

2) We do not provide an online version of the form that can be completed on our website.

3) A signed and dated Premium Increase Coverage Change form is required.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gina Jisonna". The signature is fluid and cursive, with a large loop at the end of the last name.

Gina Jisonna



Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: cory.searles@metlife.com



**Cory Searles**

March 25, 2022

Mr. Bill Dismore  
Virginia Bureau of Insurance State Corporation Commission  
P.O. Box 1157  
Richmond, VA 23218

Re: Objection Letter Dated February 25, 2022  
SERFF Tracking #: META-132957076  
Company Tracking #: CT21-83 GROUP (PRE-RATE) CS

Thank you for your letter of February 25, 2022. Below are our responses to your objections.

***Objection 1***

*-Coverage Change Form and Insured Letter-John Doe (Supporting Document)*

*Comments: The "John Doe" Coverage Change Form does not appear completed. There are bracketed items on page 2. John Doe letters are required to be in a completed format without variability.*

**MetLife Response:** The brackets have been removed from the second page of the John Doe Coverage Change Form, as requested.

***Objection 2***

*-PHLTR-VA, Other, VA Group Insured Letter REV (Form)*

*-Explanation of Variables and REDLINED Copies (Supporting Document)*

*Comments: In your Objection #15 response, you state the EOv has been updated. However, we still find the statement, "Customer Service telephone number is bracketed in the event it changes in the future. There is no customer service telephone number mentioned in E. Paragraph.*

*Please explain.*

**MetLife Response:** Please see the updated EOv's and redlined copies.

***Objection 3***

*-PHLTR-VA, Other, VA Group Insured Letter REV (Form)*

*-Explanation of Variables and REDLINED Copies (Supporting Document)*

*Comments: The company's response to Objection #14 is not clear. The second bullet on the EOv under "Things to consider" states that [X] years is bracketed. We are unable to find any such bracketed statement in the certificateholder notification letter. Please clarify.*

**MetLife Response:** "[X] years" has been replaced with "one year" in the Policyholder letter and Redlined version.

***Objection 4***

*-Explanation of Variables and REDLINED Copies (Supporting Document)*

*Comments: In the company's response to Objection #13, we did not find the updated EOv that addressed the variable [EFFECTIVE DATE]. Please add this to the EOv.*



**MetLife Response:** Please see the updated EOV's and redlined copies.

**Objection 5**

*-Explanation of Variables and REDLINED Copies (Supporting Document)*

*Comments: In the company's response to Objection #12, we still find the reference to "insureds issued in CA". Please remove this from the EOV as originally requested as this would never appear on a notification letter to a Virginia certificateholder.*

**MetLife Response:** Please see the updated EOV's and redlined copies.

**Objection 6**

*-COVCHG-GP, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Group Coverage Change Form Generic (Form)*

*Comments: In the company's response to Objection 16, you state, "1) The insured can retain a record of their coverage change form in any manner they choose. They can make a copy, scan it or take a high-quality photograph before returning their form."*

*Please explain why this instruction is not included on the Change Form especially since the company states in their response, "3) A signed and dated Premium Increase Coverage Change form is required."*

**MetLife Response:** We have included such language in the updated Coverage Change Form.

**Objection 7**

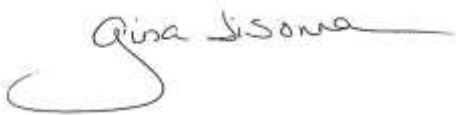
*-Coverage Change Form and Insured Letter-John Doe (Supporting Document)*

*Comments: The "John Doe" certificateholder notification form contains bracketed items. See bracketed items within the blue box on page 2 and [Coverage Change Receipt Date] in two bulleted paragraphs under "Next Steps" on page 3. John Doe forms should not contain any bracketed items but should be completed as if it is a real letter to a certificateholder.*

**MetLife Response:** The brackets have been removed from the John Doe Coverage Change Form, as requested.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gina Jisonna". The signature is fluid and cursive, with a large initial "G" and a long, sweeping underline.

Gina Jisonna